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ABSTRACT

The objectives, staff and facilities, and programming of a pilot project in education of the deaf at the Horace Mann School are described. Discussed are the project evaluation process, admissions policy, student evaluation, audiological services, the pilot class, consultation services at Horace Mann and in other schools, and the recommendations for the future. Also of concern are the adult education program, continued planning of the Allston-Horace Mann Center, the planning of the Horace Mann Centennial Symposium, and the dissemination of research findings. (JM)

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THE HORACE MANN TITLE III PROJECT

Educational Evaluation
Educational Programming
Individualized Services

Interim Report for 1968-1969

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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TABLE OF CONTENTS

page

I. OBJECTIVES 1

II. STAFF AND FACILITIES 2

III. THE EVALUATION UNIT 8

- A. The Evaluation Process 8
- B. Admissions to the Horace Mann School 13
- C. Evaluation of Horace Mann School Children 20
  - 1. Individual Children
  - 2. Class for Children with Language Problems
- D. Audiological Services for Horace Mann School Children 36
- E. Pilot Class for Retarded Deaf Children 39
- F. Consultation for Class of Hard-of-Hearing Children 48
- G. Evaluation and Consultive Services in Other Public and Private Schools 52
- H. Problems and Recommendations 58

IV. ADULT EDUCATION 65

V. CONTINUED PLANNING OF NEW CENTER 71

- A. The Allston-Horace Mann Planning Activities 71
- B. Planning for Secondary Education 72

VI. PLANNING OF THE HORACE MANN CENTENNIAL SYMPOSIUM 77

VII. DISSEMINATION 82

VIII. MISCELLANEOUS 88

IX. CONCLUSIONS AND RECOMMENDATIONS 90

X. APPENDICES

- A. Relationship Between the Horace Mann School for the Deaf and the New Allston Elementary School
- B. New Washington Allston-Horace Mann Schools Revised Specifications for Evaluation and Individualized Services Unit (July, 1969)

I. OBJECTIVES

The objectives of the pilot project, stated in the original proposal, applicable to the second year of operation are:

A. To provide comprehensive educational evaluation of children with known or suspected auditory dysfunction who are not achieving at the level of their educational potential, or for whom educational placement has not been determined.

B. To provide trial educational programming as a basis for determining a child's patterns of learning and the most appropriate educational procedures to meet the child's educational needs.

C. To provide ongoing contact with the educational setting in which a child is placed, through teacher consultations and demonstrations of teaching procedures so that the educational setting can meet the child's individual needs.

D. To provide periodic reevaluations to determine the efficacy of the recommendations and to suggest modifications of educational procedures as indicated by the reevaluations.

E. To provide individualized educational services in selected cases where these services are not available in existing programs.

II. STAFF AND FACILITIES

A. Staff:

Project Director:	Wilbert Pronovost, Ph.D.
Coordinator of Clinical Services:	Tanya MacLennan, M.Ed.
Educational Audiologist:	Nancy Miller, M.A.
Clinical Teacher of the Deaf:	Sharon Smith, M.E.D.
Clinical Teacher of Language Disordered:	Peggy Kelso, M.Ed.
Nurse:	Norah Preston, B.S., R.N.
Psychologists (part-time):	Edward Herbert, Ph.D. Caroline Fish, Ed.D.
Clinical Teacher (Deaf-Retarded): (part-time)	Dayle Sawosta, B.S.
Educational Counselor (Deaf Adults)	Susan Bass, M.Ed.
Research Assistant (summer only):	Alice Train, M.A.
Evaluation Unit Secretary:	Pamela Gare, B.A.
Project Secretary:	Charlotte Carr

Participating Personnel of the Horace Mann School for the Deaf:

Principal:	Eileen Connolly, M.A.
Assistant Principal:	Edith Rosenstein, M.Ed.
Parent Education:	Rosalie Gabel, M.A.
Language Disorders:	Martha Wahl, M.Ed.
Counseling and Placement:	Charles Healey, M.Ed.

Teachers involved in staffing children whom they referred to the Evaluation Unit:

Mrs. Agar
Mrs. Louise Ashworth
Mrs. Susan Benson
Mr. Louis Bianchi
Mrs. Patricia Bonneau
Miss Catherine Cuddy
Miss Patricia DiNatalie
Miss Remee Gold
Miss Lynda Johnson
Miss Joan Lorentz
Mrs. Hilda Miller
Miss Jane Minch
Miss Mary Muldoon
Miss Ruth Sullivan
Miss Marjorie Williams

Special Teachers who Developed Programs for Specific Children in the Evaluation Unit Pilot Class:

Home Economics:	Teresa Connors
Art:	Irene Bennett
Woodworking:	Leonard Curado
Physical Education:	Carole Feathers
Cafeteria:	Theresa Freeman
Special Services, Individual Instruction:	Virginia Kenny

B. **Acquisition of Staff:**

The Project Director, Coordinator of Clinical Services, Educational Audiologist, Nurse and Project Secretary continued on the Project from the previous year. One of the new Clinical Teachers was selected because of her training and experience in teaching the deaf and in educational assessment, while the other was selected because of her training as a teacher of language disordered (aphasic) children and in educational assessment. The background of these two Clinical Teachers made it possible for them to be involved in educational assessment in relation to the learning process, as well as being able to interact with the Psychologists in formal and informal psychological assessments. This team interaction and involvement of Clinical Teachers in the assessment process contibuted to greater understanding of the children's classroom potential and needs and in more appropriate recommendations to classroom teachers.

A full-time psychologist could not be obtained, but two quarter-time Educational and Clinical Psychologists from the Boston University School of Education participated in the evaluation process - reviewing the educational assessment of the Clinical Teachers, testing children themselves and interviewing parents.

During the second half of the year, it was possible to employ two part-time staff members for two pilot programs. A teacher of retarded children was employed to conduct a pilot class for a group of retarded deaf children in conjunction with the other clinical teachers. A teacher of the deaf was employed to serve as an educational counselor for deaf young adults enrolled in the adult education program.

C. **Facilities:**

The project moved into newly renovated quarters in the Horace Mann School for the Deaf in September, 1968. These quarters had been designed specifically for the Title III Project Evaluation Unit and were designed around the evaluation and educational programming processes.

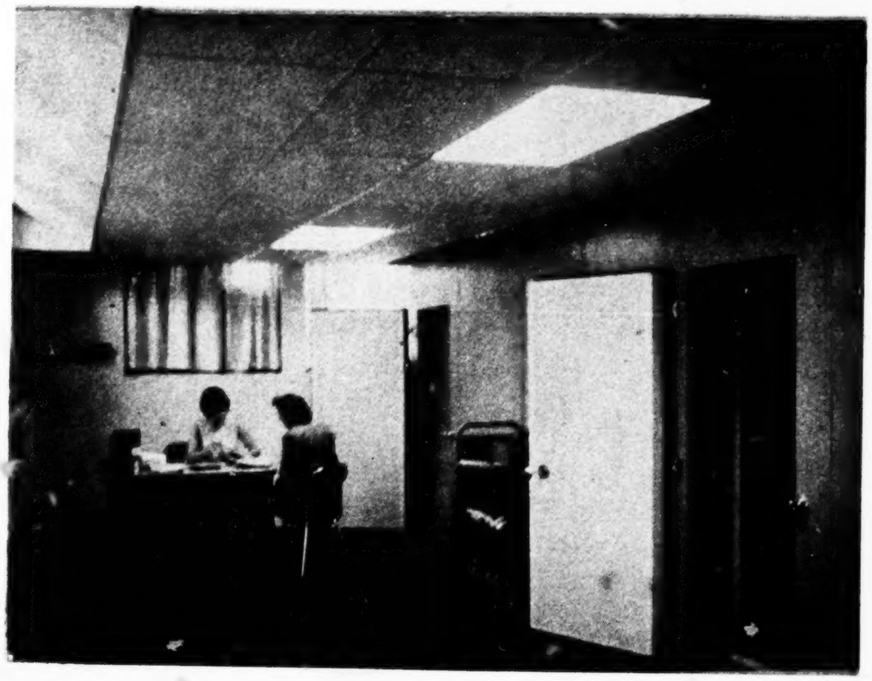
The Educational Evaluation Area consisted of a 1000 square foot area containing a reception area, lounge, audiology suite, psychological examining room and individual tutoring booth, permitting a child and parent to be involved easily in all aspects of evaluation within a single area of the building and making it possible for interaction of all staff members on the evaluation team.

The Educational Programming Area is an open 1000 square foot area with especially designed study desks and individual tutoring booths whose location could be rearranged as desired to permit a variety of classroom environments. The flexibility of the classroom environment permitted several changes during the year to accomodate different types of classroom programs and activities. The design of the study deasks and tutoring booths was described in the 1967-68 Interim Report of the Project.

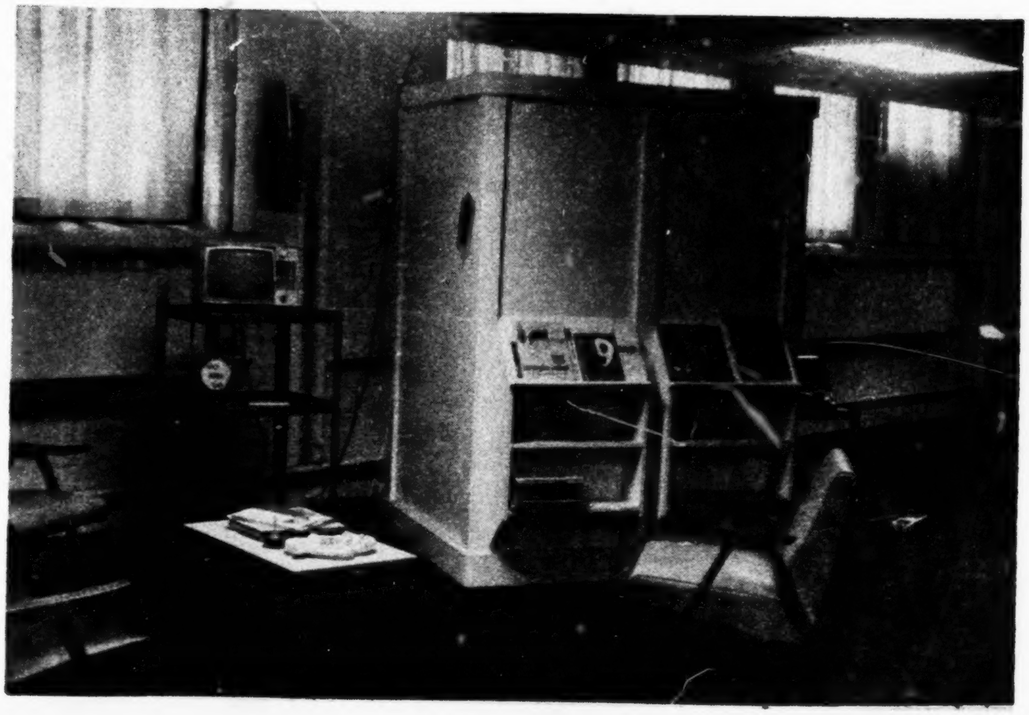
The Evaluation Unit was well equipped with audiological equipment, audio-visual instructional media, psychological and educational tests and a variety of commercially produced teaching materials. The Educational Programming Area was equipped with an EFI wireless auditory system so that each child had his own headset and microphone but had freedom of movement throughout the area.

The Unit was also equipped with a closed curcuit television system including a video-tape recorder. Camera mounts were located for pick-up from the major areas of the evaluation area and educational programming area. It was possible for staff, parents and visitors to view the various activities on a television monitor. It was also possible to video-tape the activities. Several tapes of evaluation unit and educational programming sessions have been developed.

The next three pages show photographs of the different areas and activities of the Unit.



Audiology Suite



Parent Lounge with Closed-circuit TV Monitor

Individual
Tutoring
Booth

Study Desk
with
Teacher Assisting

Group Teaching

Group Activity

III. THE EVALUATION UNIT

A. The Evaluation Process:

The evaluation process was designed to provide a comprehensive assessment of a child's level of functioning in learning, behavior and communication; of his patterns of learning; and of background factors that may have contributed to his present functioning, in order to make recommendations for educational placement and for educational approaches in the program in which he is placed. The evaluation involved the entire team of the Evaluation Unit and as many personnel from the child's present and future educational setting as realistically feasible. The evaluation occured over a period of time, with no time limit, so that children were evaluated for as long as necessary to arrive at recommendations for future management.

Educational evaluation was the focus of the process. The team was more concerned with the implications for education and for the guidance of parents and teachers in the educational process than in making a diagnosis. The team was interested in "prognosis" rather than "diagnosis".

During the current year, the Evaluation Unit evaluated children for admission to the Horace Mann School for the Deaf, children referred by teachers of the Horace Mann School for the Deaf and children referred by other public and private schools who wished guidance in the educational management of children enrolled in those schools. Children seen for admission upon referral from outside schools were scheduled for several appointments over a period of time until the necessary evaluations and recommendations could be completed. Individual children referred by teachers of the Horace Mann School came to the Evaluation Unit for evaluation sessions during part of a school day for as long as required. In one instance, an entire class was evaluated by holding class sessions for half a day with their own teacher in the Evaluation Unit.

Upon receipt of a referral, the Evaluation Unit Staff obtained release forms from the parents in order to obtain records of all previous medical and educational contacts. From these records and from interviews with parents, a Case History was developed containing the following information:

- Health and Medical History
    - Birth History
    - General Medical History
    - Audiological History
    - Speech and Language Development
- Psycho-Social History
    - Family History
    - Psycho-Social Development and Environment
- Educational History

Although the information might be obtained by more than one member of the Evaluation Unit Staff (according to professional skills required), one member of the staff was assigned the responsibility of case manager and compiled and edited the Case History section of the evaluation report which tended to be the most comprehensive collection of information available on a child (more complete than reports received from previous clinics or schools).

The scope of the actual evaluation of the child was comprehensive. The following areas were assessed through a battery of formal and informal tests:

- Gross and Fine Motor Coordination
- Audiological Assessment
- Visual-Motor and Visual Perceptual Functioning
- Cognitive Functioning
- Voice, Speech and Language Functioning
- Psycho-Social Functioning

Audiological Assessment included informal auditory tests, play audiometry and conversational, pure tone and speech audiometric techniques. The majority of pure tone tests were conducted with a clinical audiometer (Beltone, Model 150). Nursery age children were tested with a portable audiometer (Maico, Model 2B). A speech audiometer (Grason Stadler, Model 162) was used for presentation of both live and recorded speech material and environmental noises through earphones and loudspeakers. All tests were conducted in a sound-proofed Audiology Suite (Industrial Acoustics Corporation, Model 1401). Speech reception thresholds were conducted using children's spondaic word lists; speech discrimination ability was usually tested using Haskins' Phonetically Balanced Kindergarten Word Lists. These tests were supplemented by picture identification tests and the Northwestern University Auditory Test No.6. Live voice was used for all speech threshold and discrimination tests. Hearing aid performance was assessed using the child's own hearing aid. When test results were unsatisfactory, appropriate amplification was selected on the basis of his performance with aids available in the Audiological Suite on loan from several hearing aid dealers of the Boston area.

Among tests used in the educational assessment were:

- Wechsler Intelligence Scale for Children
- Wechsler Primary and Pre-School Scale of Intelligence
- Wechsler Adult Intelligence Scale
- Leiter International Performance Scale
- Stanford Binet Intelligence Test
- Cattell Infant Intelligence Test
- Sequin Formboard
- Ravens Progressive Matrices
- The Porteus Maze Test
- Bender Visual-Motor Gestalt Test

Goodenough Draw a Man Test
Developmental Test of Visual Perception (Frostig Test)
Illinois Test of Psycholinguistic Abilities
Cheves Visual-Motor Perceptual Teaching Material
Fairbanks Perceptual-Motor Development
Erie Program (Perceptual Motor Development)
Ayres Space Perception Test
Sentence Completion Test
Selected items from Cattell, Gesell and Vineland Tests
Weigl Goldstein-Scheerer Color and Form Sorting Tests
Picture Story Language Test
Peabody Picture Vocabulary Test
Durrell Analysis of Reading Difficulty
First Grade Screening Test (Boys and Girls)
Stanford Achievement Tests (Arithmetic and Reading)
Doren Diagnostic Reading Test
Screening Tests of Identifying Children with Specific
Language Disabilities

Table I, on the next page, shows the focus of the evaluation and summarizes the testing in various areas.

During regular staff meetings, the progress of the evaluation of each child was noted. Staff members shared results and questions concerning the child's functioning. Staff members sometimes observed each other's testing of a child through closed-circuit television or viewed a video-tape of a particular testing session to discuss and interpret findings. When the evaluation program was complete for a child, a staffing session was held to discuss findings and recommendations. For Horace Mann School children, the child's teacher and school supervisors and/or administrators were involved in the staff meeting.

A detailed report of the Case History and Educational Evaluation was typed and sent to the referring teachers and agencies, as well as to the child's new educational placement, if different. In the case of other public and private schools, one or more members of the Evaluation Unit Staff traveled to the school to talk to the child's teachers and school personnel regarding the findings and recommendations. Parents were involved as much as possible, with conferences during the evaluation process as needed. Parents were also informed of the findings and recommendations and counseled regarding parental management.

Whenever the results of the educational evaluation indicated the need for new placement, or when the recommended educational placement could not accept a child, the Evaluation Unit Staff investigated alternate possibilities and attempted to find educational placement for the child. Whenever there was a need for additional medical examinations or medical follow-up, the Project Nurse assisted the parents in arranging appointments and on occasion accompanied the parents to the medical center.

TABLE I

FOCUS OF THE EVALUATION

PHYSICAL FACTORS

Health/Medical: Records from previous contacts obtained. Medical background pre-natally to present obtained through parent interview.

Motor: (informal) Evaluated in terms of expectancy levels, fine and gross coordination, eye-hand coordination, dominance (eye, hand, foot), balance.

Vision: Acuity- observed informally; Perception- color, shape, relation of objects in environment, cognition, figure-ground; Visual-motor; Visual memory.

Auditory: (formal) Air and bone conduction thresholds; speech awareness, reception and discrimination levels. Hearing aid evaluations; degree of utilization of amplification.

VOICE, SPEECH, LANGUAGE

Inner Language: (informal) Play situation, meaningful integration of activities, number of objects played with, degree of relationship between child and objects; reaction to environment, stimulation; ability to reach conclusions.

Receptive Language: Ability to understand gesture, to lipread and read sounds, words, phrases, sentences, paragraphs, both through vision alone, hearing alone and combination of two. Ability to act on stimuli meaningfully.

Expressive Language: Informal and formal situations, gesture, naming, talking about pictures, activities. Observation of speech and language. Listen for jargon. Note degree of abstraction.

PSYCHO-SOCIAL

Aim: Is child ready for tutoring situation? Is child performing to his potential? What related factors may be affecting his performance? What are child's strengths and weaknesses?

Psychological: When possible a standardized performance test is administered. Is child functioning within normal limits? At what level is child functioning cognitively? How does child approach task? Observe integration of thinking.
Test Behavior: Observations are diagnostically valuable. N.B.- often much information is gained about a child's abilities in a variety of situations. Scores are not reported.

Psycho-Social: Gained through observation and parent interview. Relation child has with mother, peers, adults, strangers. Signs of withdrawal, anxiety, fear. Degree of relations and interactions with others, affectual responses, bizarre behavior, Maturity.

The following sections of this report describe in more detail the various programs of the Evaluation Unit. Descriptions of the types of children served and the problems presented are presented in both tabular and case study forms. The wide variety of individual differences among the children, and the small number of children served in any one program, precluded the use of gross tabulations or statistical analysis.

B. Admissions to the Horace Mann School for the Deaf:

1. Admissions Procedures:

Any parent who wishes to apply for the admission of a child to the Horace Mann School first contacts the Assistant Principal of the Horace Mann School to arrange an appointment to discuss the school's facilities. Often this is waivered when a child is from out of town or for expedency. The Assistant Principal fills out an initial information sheet which lists all the child's previous contacts, both medical and educational. These agencies are then contacted by the Horace Mann Evaluation Unit after the parents or guardians sign a release of information form. Records are acquired and the Evaluation Unit arranges a time for an educational evaluation before the child is accepted into the Horace Mann School. An exception to this procedure is made when a child applies for admission as a transfer student and has complete reports from the transferring school or when a child has been totally evaluated by another agency.

2. Description of Children Evaluated:

Thirty-two children were seen by the Evaluation Unit for admission to the Horace Mann School. Results of the audiological evaluation indicated that each child had a hearing loss of sufficient severity to retard speech and language development. As shown in the table below, approximately 80% of these children has a severe to profound loss in hearing sensitivity and has no ability to understand amplified speech.

TABLE II
HEARING LOSS AND SPEECH DISCRIMINATION

Degree of Hearing Loss	Number of Children
Mild (27-40 dB ISO)	0
Moderate (41-55 dB)	1
Moderately Severe (56-70dB)	5
Severe (71-90dB)	9
Profound (91 dB or greater)	17
TOTAL	32

Speech Discrimination Ability	Number of Children
No Ability	25
Very Limited Ability	6
Good Ability	1
TOTAL	32

a. Children Admitted to the Horace Mann School:

Children accepted at the Horace Mann School ranged from two years of age to 16 years of age, with the largest number (21) at the three and four year old level. The geographical areas covered in Massachusetts were as far north as Burlington; west, Framingham; and south, Brockton, Taunton and North Randolph. Ten children were self referred, 11 referred from medical centers, eight from other school facilities and three were from community agencies.

None of the 24 children accepted were multiply handicapped in the sense that hearing impairment was a secondary handicap, with the exception of two children 10 and 11 years of age who were enrolled in the Evaluation Unit's model deaf/retarded class. Two children are suspected of having brain damage; one is in the nursery and one in the Language Disorders Department of the Horace Mann School; both being followed by the staff of the Evaluation Unit.

Visual perceptual (nine children) and memory problems (seven children) were frequent in the children evaluated, leading to the impression that many of the children lacked experience and training in these areas.

All children exhibited good inner language with the exception of two very young children who came from deprived home environments. All understood and used gesture. Seven children could express some limited vocabulary. Two were hard-of-hearing children now attending regular schools and two were deaf adolescents who had experienced previous education. The remaining three pre-school children were of normal intelligence and came from a pre-school or home which was language oriented. The remaining 25 children neither could understand nor express words, phrases or sentences.

Five children had good lipreading ability; two had limited ability; many demonstrated good prognosis for establishing good lipreading with good training.

Estimates of intellectual functioning levels for each of the 32 children are shown below:

Above Average - - - - - -	4
Average - - - - - -	14
Below Average - - - - - -	5
Retarded - - - - - -	3
Could Not Test - - - -	6

Only nine children were found to be performing at their full potential. Problems interfering with the child's performance were described as : emotional (12); cultural deprivation (11); hyeractivity due to brain injury (3); educational retardation (9).

Seventeen of the evaluated children were found to have poor attention spans, interfering with learning and will require specific training before academic progress will be noted.

Nine of the children entering the Horace Mann School will be emotional problems within the classroom and will require special management as well as parent counseling. Three children who were evaluated and accepted at the Horace Mann School have now withdrawn their applications. One will attend the Beverly School for the Deaf; one will return to a day class in her hometown and the third moved to Connecticut. Of the 21 remaining candidates, seven are considered to be functioning at an appropriate intellectual, physical, social and communicative level, and can be educated as children with hearing impairment.

b. Children Not Accepted at the Horace Mann School:

Eight of the children were not accepted after an educational evaluation as they were not considered appropriate candidates for the school. One child was a deaf-blind youngster applying for the pre-school. Eventually he may be educated as a deaf child but the Evaluation Unit did not feel he was able to use his residual eye sight or hearing sufficiently well to allow him to manage a pre-school deaf program. A combined program with Perkins Institute and Horace Mann School will be considered in September, 1969.

Two children, ages seven and nine, sisters, have Waardenburg's Syndrome and are the products of deaf parents. Neither child has had the benefit of previous education and have been rejected in all schools for the deaf in Massachusetts and Connecticut. They are severely educationally retarded and emotionally disturbed children and could not be enrolled in a classroom to any benefit at this time.

Two boys, unrelated, ages 5½ years and 4 years, were found to have diffuse brain damage to the extent that the hearing problem is secondary to deteriorating behavior, making the formal structured education of a deaf child impossible for them. The younger of the two children will continue to be evaluated in the fall of 1969 in an ongoing nursery evaluation program to determine how his behavior can best be changed. The older child has been referred to a community clinic nursery for retarded children. He is the product of severe cultural deprivation and along with two major handicaps will best be trained to care for himself in a restricted environment.

One child, illegitimate, with all the symptoms of a Rubella child, was found to be intellectually normal but was not able to cope with a structured setting due to extreme hyperactivity which the mother has never successfully learned to control. A poor home environment, not conducive to academic or social advancement necessitated a residential educational setting.

An adolescent of 13 years applied to the Horace Mann School to complete her education. The youngster, a citizen of Bermuda, was brought to the U.S.A. by an aunt to give her the benefit of good deaf education. She was an excellent candidate for the Horace Mann School but was inelligible because she was not a citizen. She is not attending school anywhere at this time.

Finally, a 3½ year old child was not admitted as she had too much hearing. A regular private nursery was recommended for purposes of communication and socialization.

An attempt was made to place these eight children who could not be admitted to the Horace Mann School in appropriate settings, but to date only two programs have been found. The Evaluation Unit will maintain contact with the other six families and assist in any way possible.

c. Tabular Data:

Characteristics of the children evaluated for possible admission to the Horace Mann School for the Deaf are also summarized in Table III.

TABLE III

SUMMARY OF CHARACTERISTICS OF THIRTY-TWO CHILDREN EVALUATED FOR ADMISSION TO THE HORACE MANN SCHOOL

PHYSICAL FACTORS:

Gross Motor Coordination:	Satisfactory	22
	Poor	7
	Not Tested	3
Fine motor Coordination:	Satisfactory	24
	Poor	5
	Not Tested	3
Visual Sensitivity:	Satisfactory	24
	Impaired	5
	Not Tested	3
Visual Perception:	Satisfactory	20
	Poor	8
	Not Tested	4
Visual Memory:	Satisfactory	17
	Poor	7
	Not Tested	8
Number with Multiple Handicaps		11

VOICE, SPEECH AND LANGUAGE:

Inner Language:	Satisfactory	28
	Poor	2
	Not Tested	2
Receptive Language:		
Gesture	Satisfactory	30
	Not Tested	2
Understands Words:	Satisfactory	6
	Limited	3
	No ability	21
	Not Tested	2
Understands Phrases:	Satisfactory	4
	No ability	26
	Not Tested	2
Understands Sentences:	Satisfactory	1
	Limited	1
	No ability	28
	Not Tested	2

TABLE III (Contd.)

Comprehension through combined lipreading and auditory clues:	Satisfactory	6
	Limited	5
	No ability	19
	Not Tested	2
Lipreading ability:	Satisfactory	5
	Limited	8
	No ability	17
	Not Tested	2
Expressive Language:		
Gestures:	Satisfactory	29
	Not Tested	3
Vocalizes or babbles:	Yes	21
	No	11
Uses words:	Yes	7
	No	25
Uses phrases:	Yes	4
	No	28
Uses sentences:	Yes	2
	No	30
Imitates speech of adults:	Yes	12
	Limited	4
	No	16
PSYCHO-SOCIAL FACTORS:		
Attention span:	Satisfactory	14
	Poor	18
Emotional status:	Satisfactory	16
	Poor	16
Relation to: Peers:	Satisfactory	20
	Poor	12
Adults:	Satisfactory	17
	Poor	15
Judged emotional climate of home:	Good	12
	Fair	13
	Poor	7

d. Medical Aspects:

Medical records were obtained from physicians and hospitals. The most complete records with the most useful information for the evaluation process were obtained from the hospital clinics, especially those with audiology departments The staff nurse reviewed the medical records to determine pertinent information. If there were children who were thought not to have a "good medical workup", they were scheduled at the clinics of one of the larger hospitals for pediatric, neurological, ophthamological, or otologic examinations. Further examinations were also arranged as deemed necessary through the evaluations at the Horace Mann Title III Project. For example, children were sent for orthopedic examination, to a seizure clinic, to a neurological clinic for possible drug therapy to curb hyperactivity, and to a psychiatric clinic for behavior problems. When necessary, the project nurse arranged the appointments, arranged for interpreters for non-English speaking mothers, and sometimes accompanied the aprent and the child to the hospital clinic to ensure that the mother had all the assistance she needed to obtain the necessary medical examinations.

Comprehensive records were available on 58 children seen in the Evaluation Unit and reported in Sections III-B and III-G of this report. An analysis of the records for the etiology of the hearing impairment and for handicapping conditions revealed the following:

Etiology of Hearing Impairment:

Congenital	9
Cause unknown	8
Neurological	5
Premature birth	9
Birth trauma	2
Rubella	17
RH incompatability	2
Meningitis	4
Flu (high temperature)	1
Head trauma	1

Additional Handicapping Conditions:

Behavior problems including hyperactivity:	12
Cerebral palsy	1
Severe multiple congenital anomolies:	5
Diabetes	1
Vision problems	4
Recurring otitis media	14
Cystic fibrosis	1
Motor deficiences	3
Heart condition	2

C. Evaluation of Horace Mann School Children:

One role of the Evaluation Unit was to assess children presently enrolled in the Horace Mann School for the Deaf who were referred by their teachers because of problems of learning and/or behavior in the classroom. Twelve individual children were evaluated; a classof five children in a class of aphasic (language disordered children) was evaluated as a group. Six nursery-age children who had been evaluated by the Unit in 1967-68 were followed up with supplemental contacts.

Prior to evaluation, each child referred from the school was discussed in a conference with the child's teachers, a school administrator and the staff of the Evaluation Unit. Following this, a case history was obtained from the child's parents or guardian. All records from previous contacts (medical or educational) were requested.

The pupil was usually observed in the classroom and brought on subsequent occasions for individual evaluation. In all possible instances, the youngster was observed in the playground, the gym and in related situations such as in shop and home economics class.

The evaluation of each child had no time limit. In some instances, reliable information could be gathered in three or four sessions; in others, the evaluation has gone on all year and will be continued in September, 1969. Several of these initially seen in 1967, will begin a third year of observation and evaluation.

1. Evaluation of Individual Children:

Evaluation of motor functioning indicated that three of the children had problems in gross motor coordination.

Audiological testing showed that all but two of the children have severe or profound hearing losses. Three of these children respond inconsistently to auditory stimuli; the degree of their hearing impairment was estimated on the basis of informal auditory tests. Table IV shows the degree of loss for the nursery and elementary level pupils.

TABLE IV

Degree of Hearing Loss:	Nursery-Age Pupils:	Elementary Pupils (age 8-17 years):
Mild	0	0
Moderate	0	1
Moderately Severe	0	1
Severe	3	2
Profound	3	8

No nursery school child had any ability to discriminate among speech sounds or words (without the use of visual cues). This is probably the result of several factors including severity of hearing impairment and limited training. It is the audiologist's impression that five of the six children in this age group could learn to distinguish among vowel sounds and some consonants if they receive good auditory training.

Only one child in the older age group was able to understand more than a few words, four could identify a few words having grossly different vowel sounds and seven had no speech discrimination ability. Although most of these children have profound hearing losses, we were able to demonstrate that the majority of them could learn to identify three to five dissimilar words within ten to fifteen minutes. This suggests that 1) they are receptive to auditory training and 2) they have not received adequate education in the use of residual hearing.

Five children have not been receiving good amplification due to inadequate or inappropriate hearing aids. New aids were selected for them and recommended for purchase. The hearing aid performance of three additional children will be re-evaluated in September, 1969, because of marginal test results.

The voice, speech and language results are described in terms of the material presented in the classroom situation. A rating of "good" by no means indicates the equivalent function of a hearing child. The ratings are relative. (See Table V-next page).

The three children who had limited (and erratic) understanding of phrases had neurological involvements.

The reading levels of eight children is described as a function of Chronological Agé in Table VI. The two children at the primary level include a brain damaged (aphasic?) child and a mentally retarded nine year old. The intelligence of the six remaining children is within normal limits.

TABLE VI
CHRONOLOGICAL AGE AS A FUNCTION OF STANFORD READING ACHIEVEMENT LEVELS.

C.A.	7	9	10	12	16	17
*Reading Level	Primary	Primary	3rd grade	2nd-1 3rd-1	3rd-1 4th-1	2nd

*Where two levels are presented, each is representative of one child.

Number - 8
Did not Test- 3
Could not Test 1

TABLE V
VOICE, SPEECH AND LANGUAGE DEVELOPMENT AT ELEMENTARY EDUCATIONAL LEVEL

Ratings are on basis of what children have been taught, not on comparison with hearing population.

	GOOD	FAIR	LIMITED	ABSENT	CNT*
Inner Language	12				
Receptive Language					
Gesture	12				
Words	9		2	1	
Phrases	7	1	3**	1	
Sentences	0	4	6	2	
Expressive Language					
Gesture	12				
Words	8	3		1	
Phrases	7	2	2	1	
Sentences (Attempt to use)	2	3	5	2	
Lipreading Ability in Informal Situations (Gestures and facial expression included)	5	4	2		1

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* Could Not Test

** Children have other involvements.

Regardless of Chronological Age, all the children are reading between a second and fourth grade level. They have all been in a school for the deaf since their education began.

With reference to the nursery age children, five understood gesture and only three some words. None understood sentences using hearing and/or lipreading.

Expressively, all had good inner language, though one youngster's inner language was limited. Two children sopke several isolated words; none used sentences.

Table VII describes the intellectual level of the 18 children seen. Noteworthy is the fact that over 50% of these children within normal intellectual limits showed strong evidence of moderate to severe emotional problems. (Emotional problems were determined in relation to a continuum ranging from withdrawal to socially unacceptable behavior.) Three children could not tested, including two pre-schoolers with unnamed disorders and one girl with severe brain damage. All three had bizarre behavior.

Table VII

INTELLECTUAL LEVEL
(Based on performance tasks only)

Superior	1
Bright Normal	6
Average	4
Slow Learner	1
Borderline	0
Functionally Retarded*	3
Could not Test	3

*Includes mental retardation, cultural deprivation and/or brain damaged children.

A breakdown of psycho-social adjustment is presented in Table VIII.

TABLE VIII

PSYCHO-SOCIAL ADJUSTMENT

	Satisfactory	Unsatisfactory
Relates to peers, adults and situations:	10	6
Ability to cope (frustration level, patience)	6	10
Maturity	4	12*
Level of Self-Confidence	4	6 Could not Evaluate** 6
Motivation	4	12

N.B. - Two children were not included because of their degree of organic involvement.

* - Of this number, six were pre-schoolers.

** - These were pre-schoolers.

The recommendations presented in Table IX (next page) indicate one problem faced by the Evaluation Unit. For the sample of children described, only three could be described as being provided with adequate services. Programs for brain damaged deaf or for the deaf with emotional problems are not available. Although the best recommendations were made initially, related factors and policies of other medical and educational agencies sometimes precluded adequate placement.

Discussion:

The fact that none of the nursery children had impaired memory as opposed to over 50% of the elementary level children is significant. It would appear that visual retention has decreased in elementary school children. For this reason, it would seem that some provision should be made in the classroom for memory training beginning at the pre-school level.

TABLE IX

RECOMMENDATIONS SUMMARIZED

Diagnostic Classification	No.	Recommendations:
Deaf-retarded	2	Both children were placed in a special pilot class for deaf-retarded. One child made a satisfactory adjustment; one child had an emotional problem to such an extent that it was necessary to remove her. There is now no placement for her.
Severe Brain-Damage	4	One child was recommended for placement in a class for the brain-damaged hearing impaired and the other in a class for emotionally disturbed deaf. These classes do not exist but are needed. One child is therefore not placed in a school and the other is in a class for slow learners. Of two nursery age children of this type, one is to go to the Kennedy Hospital program. There is no known placement for the other.
Anxiety States and Emotional Problems	5	Teachers were given counseling on management. Parents were also counseled. There should be a stress on social activities, with on-going evaluation. A class for deaf children with emotional problems is needed, and will be established in the Title III Project if sufficient funds become available.
Functioning within Potential	3	Enriched programs within the school were recommended.
Un-named Involvement	4	There was a satisfactory prognosis for two children for continuation in their present school setting. There will be continued evaluation of two other children.

The information presented in Table V and Table VI indicates that all 12 children have poor language comprehension and usage, particularly if viewed in comparison to their hearing peers. Factors which seem to contribute to this are numerous and complex.

There is the possibility that there was insufficient instruction in basic concepts. Tutoring indicated that the children did not lack ability to learn, but rather had not sufficiently mastered the groundwork necessary upon which to build future learning. The children did not use complete sentences or even phrases unless these were demanded of them. Although a number of children showed evidence of having been taught syntax, several had forgotten, possibly through lack of reinforcement and repetitive drill. The material which seemed to be used in the classrooms in some cases was below the interest level of the chronological age of the children and may have contributed to boredom and lack of motivation. In many cases, the evaluation indicated low levels of expectancy of these children in their homes, which would also preclude motivation for correct learning and use of language.

Many of the teachers' referral comments indicated a child's "inability for lipreading". Factors affecting this were not necessarily "aphasic tendencies", but rather a combination of the child's intelligence, socio-economic background, family expectations, anxiety states, low self esteem and low interest in the school work presented.

The level of reading ability found in this group is poor. Regardless of age, the reading level does not exceed grade 4, and is mostly at grades 2 and 3 levels for the children from 10-17 years of age. Although studies indicate reading retardation by a substantial proportion of deaf children, the results of the evaluation of the children by this project, are cause for concern for the educational program of reading instruction.

2. Evaluation of a Class with Language Problems:

Several years ago, the Horace Mann School for the Deaf established a program for aphsic deaf children. According to Mildred McGinnis, an authority on childhood aphasia and creator of the Association Method, aphasia "is an impairment in language involving expressive (SIC) and/or understanding of language due to a dysfunction in the central nervous system rather than a peripheral defect in the ear or speech mechanism."[1] She found She found many of these aphasic children among the deaf population at the Central Institute for the Deaf where she taught.

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[1] Sisters of St. Joseph, A Manual for Use with the Association Method, (Randolph: Boston School for the Deaf, 1966), p.1

[2] McGinnis, Mildred, Aphasic Children (Washington, D.C.: Alexander Graham Bell Association for the Deaf, 1963) pp. xii-xiii

Since such children were also being identified among the deaf population in the Boston area and since teachers were being trained in the Association Method at Boston University, an aphasic program stressing the Association Method was adopted by the Horace Mann School.

The program began with one class and increased to four classes at the present time under a supervising teacher. The teachers of these classes have not always been prepared specifically to teach aphasic deaf children. In addition, the tendency existed to assign some children to these classes when they exhibited learning problems in classes for the deaf, but without assessment to determine that they were "aphasic" children. They were assigned to the aphasic classes because it was felt they might respond to a different methodology from the approach in a class for the deaf to which they were not responding.

Early in the current year (1968-69) the project director and the supervisor of the aphasic classes discussed the role which the Evaluation Unit might play with the children in these classes. It was decided that the oldest group of children should be evaluated first. These children had been expected to progress to the point where they could return to the deaf classes, but their progress was not up to expectations. Because of a shortage of trained teachers, the teacher of the class was one who was not formally trained in education. much less in the Association Method. However, she was eager to help the children, open to suggestions, and well liked and respected by her pupils. Since the Evaluation Unit had an educational programming area as well as other space for evaluation, it was decided that the class would be evaluated as a group by attending the Evaluation Unit with the teacher for one hour and a half daily.

The class consisted of six children ranging in age from 10-15 years. Before the evaluation process began, the evaluation unit staff met with the teacher to discuss procedures. The teacher then instructed the children in the evaluation unit daily. The children were observed during their responses to the teaching and then were individually evaluated by different members of the staff in a series of evaluation sessions. As difficulties or problem areas were identified, additional formal and informal tests were selected and administered. The assessment period began the first week of January, 1969, and continued for a period of two months. A shorter period had been planned but the evaluation was complex and required a longer time to arrive at meaningful conclusions and recommendations.

In two instances, it was necessary to engage in individual teaching for a period of time. One student was introduced to a manual system of communication (finger spelling). Since he was failing to develop oral language as a result of emotional involvements, the staff wished to determine if he could succeed with another method of communication. Another child was tutored in an analytic approach to language to determine if he had the ability to learn correct oral communication when its functional parts were explained to him.

At the conclusion of the evaluation, the staff met with the classroom teacher, supervisor and principal to discuss test results. The parents of the children were then contacted, interviewed and informed of the suggestions for their child's future schooling. (One set of parents was not seen due to the unexpected hospitalization of the child.) Immediate action was then taken to carry out the educational programs designed for the pupils.

The characteristics of each child in this group will be presented in a case study form.

Subject I was a Caucasian male, age 15, with a profound hearing loss. He was a healthy adolescent with good motor coordination. Physical evidences of anxiety such as perspiring hands, inability to look directly at the examiner, and minor tics were frequently displayed.

There were no problems in visual acuity or visual-motor perception. Visual and auditory memory were poor, apparently as a result of anxiety, rather than central nervous system dysfunction.

Results of intelligence testing placed him in the catagory of borderline intelligence. However, it was felt he was of at least average intelligence as judged from his performance on informal tasks and observation of his abilities during tutoring sessions. Behavior during formal testing was erratic and characterized by rigidity and compulsivity due to the pressure he asserted on himself.

He understood gestures and single words within his severely limited vocabulary. His oral mechanism was adequate for speech production but he could not control his pitch range. Expressive language was restricted to gesture and single words. His ability to lipread was good in that he could imitate verbal communication despite his lack of understanding.

Reading ability was at a second grade level with poor comprehension. Arithmetic was also at a second grade level. He had trouble with multiplication and could not divide.

He related well to both peers and adults and was active in Boy Scouts. He seemed to be generally happy, but his frequent change in moods reflected the fact that he was unhappy at home.

This was a profoundly deaf youngster who was functioning far below his potential due to extreme anxiety. He was given special language tutoring for a period of two weeks. He enjoyed working hard and learned that he had the ability to learn and to do well.

Since this adolescent was nearing graduation, an individualized pre-vocational training program was designed for him. It is to be directed toward acquisition of basic academic concepts which will serve as a basis for future mechanical and drafting skills. Intensive auditory training and usage of new vocabulary are essential in this program. Material needs to be low in level but high in interest and presented in a concrete way.

Subject II was a Puerto Rican female, age 14, who had a profound hearing loss. She suffered from asthma, but was otherwise in good health. Coordination, both gross and fine, were adequate.

Visual acuity and visual-motor perception were within normal limits. A poor performance on auditory and visual memory tasks was mainly attributed to a lack of intensive auditory and visual discrimination training as a young child.

Her performance on formal psychological tests indicated she was of borderline intelligence. However, it was felt she was actually finctioning between the catagories of Dull Normal and Average as judged from observations of her abilities in class and on other informal tests.

She understood gestures, simple sentences and phrases within her limited vocabulary. Upon examination, the oral mechanism was adequate for speech. She demonstrated a unique pitch range when speaking but could not control her pitch upon command. Expressively, she used gesture and short sentences and phrases, usually pronouncing only the vowel sounds of words. She was alert to visual cues and eye contact was good, but due to her deficient receptive and expressive vocabualries, her lipreading left much to be desired.

Academically, her mathematics performance was at a third grade level, but consisted of simple addition and subtraction operations with no multiplication or division. Reading was at a middle second grade level with fair to good comprehension.

Socially, she was a happy adolescent who related equally well to adults and peers. She participated in extracurricular activities and especially enjoyed domestic activities which involved cooking, sewing and child care.

In summary, this was a profoundly deaf female who was slow but not retarded. Besides her hearing loss and limited ability, cultural factors and undereducation in both language and basic academic skills were felt to have significant effect on her performance. The extent to which one or all of these factors hindered her functioning was indeterminable.

Recommendations were for pre-vocational planning in an individualized program focusing on development of domestic skills with accompanying vocabulary and language concepts. Hopefully, she will be able to enter a vocational school in a year or two to further develop these skills.

It was decided that she should continue to develop her skills in oral communication but at the same time be provided with a means of communication as an adult. With this in mind, it was suggested she receive intensive auditory training and practice in the usage of new vocabulary and language concepts to insure understanding in the classroom, while receiving outside training in manual communication. In addition, she should receive voice therapy in the classroom through incorporation of drills and activities stressing vocal expressions and inflection.

A camp placement for the summer to provide socialization was arranged through the Easter Seal Foundation.

Subject III was a profoundly deaf, Negro female, age 14, She was a healthy teenager with no difficulty in the area of motor coordination.

Her visual acuity was adequate. There was no evidence of organicity in her performance on visual-motor perception tasks. An inability to handle frustration and anxiety was felt to have significantly hindered her performance on auditory and visual memory tasks.

Results of formal psychological testing indicated she was intellectually in the catagory of Dull Normal. Once again it was felt this was not a true picture of the subject's functioning. Deficiency is language, lack of intensive academic training as a young child and a low frustration tolerance level contributed to stifling her performance.

She understood gestures and was able to comprehend short sentences and phrases within the extent of her vocabulary. The oral mechanism was adequate for speech and her monotone, hypernasal voice quality was characteristic of a deaf adolescent. Corrective drills in inflection and control of air flow could be done in the classroom. She communicated through the use of gestures and short sentences. Her intelligibility decreased as she became more anxious. She did not use correct sentence structure in speech or in writing. She lacked the basic concepts of verb tense, use of articles, correct case and plural formations. The subject was alert to visual stimuli and demonstrated good eye contact. Her lipreading ability was very good within the limits of her severely restricted vocabulary.

Academically, she functioned at approximately a second grade level in both reading and mathematics. Her comprehension in reading was poor. She could add and subtract but did not know how to multiply or divide.

The subject was a typical, clothes-conscious teenager who related well to adults and peers. She was quite active in extracurricular activities. Her favorite pastime was dancing.

This student was a profoundly deaf female who tested as being five years below her age level but who was felt to be of at least average intelligence. Her main deficiency, attributed to academic neglect rather than central nervous system dysfunction, was in the area of language.

It was recommended that this child be transferred to the Deaf Department and enrolled in a class which stressed language enrichment. She should be taught in a concrete manner until simple concepts of mathematics and language are firmly established using demonstration with actual objects concommitant with pertinent application and drill on the material.

A camp placement was arranged for the summer through the Easter Seal Foundation.

Subject IV was an obese, hard-of-hearing, Caucasian male, age 12. Both gross and fine motor coordination were within normal limits.

Visual acuity and visual-motor perception were adequate. Various activities involving auditory and visual memory revealed no difficulty in these areas.

Psychological testing was done by the staff's consulting psychologist due to the emotional factors suspected to be operating. His performance was adversely affected by his lack of attention to pertinent stimuli, lack of organization and impulsivity.

He communicated in complete sentences and understood most of what was said to him. Auditory discrimination was poor for the extent of his hearing loss. Bried practice in critical listening yielded some improvement and suggested he would benefit from auditory training. The oral mechanism was adequate for speech production. His speech was characterized by many substitutions of sounds and his pitch level was much too high for his age. His lipreading ability was excellent.

Academic performance was on a third grade level with good comprehension. He could perform simple problems in addition, subtraction, multiplication amd division.

This child was not at all out-going and did not participate in sports. Since he was hard-of-hearing, he interpreted much of what was said in class to those who had a worse hearing impairment than he. He seemed to feel secure in his role as "big brother" since it lessened the possibility of others making fun of his physical appearance.

A lack of motivation and challenge to learn was felt to be a significant factor in this boy. His attitude dictated that it was better to succeed at a lower level than to risk failure at work more appropriate to his level of functioning. In order to place more demands on him, he was enrolled in the Deaf Department for a trial period. He succeeded in this class and procedures are now in progress to place him in a special class in a school for normal hearing adolescents.

Medically, a physical examination to determine cause and reduction of obesity was suggested. Also, he was to obtain a laryngeal examination to determine if his voice quality was appropriate for his age level.

Subject V was a profoundly deaf, Caucasian male, age 10. Physically he was a healthy youngster with good coordination. On all fine motor tasks, though, he worked with a right to left orientation.

Visual acuity was adequate. Visual-motor perception was within normal limits but his attention to details was not satisfactory. Emotional factors were felt to have adversely affected auditory and visual memory.

Test results indicated this child was of superior intelligence. His performance was characterized by compulsivity and he demonstrated little initiative. His classroom functioning was far below his potential.

He comprehended gestures and phrases when he cared enough to show interest in the topic. His oral mechanism was adequate for speech production. Vocal quality was hard to discern since he communicated only by a few single words which usually reverted to garble. Lipreading ability was limited.

Academically, this child functioned at a pre-school level. Simple concepts such as "I", verbs and adjectives were not recognized. He was not at all alert to what went on in the classroom.

Socially, Subject V displayed little affect. He did not wish to communicate, preferring to be alone in his work. He cooperated with adults out of necessity rather than out of interest.

This youngster was a profoundly deaf boy of superior intelligence who lacked motivation and interest in learning. He displayed a talent for expressing himself through art. Since he was failing to learn oral communication as a result of emotional factors, it was decided that manual communication might be beneficial. He was tutored in fingerspelling and signing for approximately one week. He enjoyed this and showed a good aptitude for learning manual communication. He will attend a manual class next year with his parents.

Re-entrance into the Deaf Department was suggested, using high interest, low level materials to present basic academic concepts. Basically, he needs to be challenged and motivated to work closer to his potential.

Subject VI was a Caucasian male, age 10, with fluctuating hearing. He was a premature, rubella baby with a congenital heart condition. Both gross and fine motor coordination appeared adequate.

Visual acuity was adequate when the subject wore his glasses. His impulsiveness restricted his ability to perceive a Gestalt and to depict minute details. Visual and auditory memory were judged to be poor.

Psychological test results indicated he was in the catagory of Mental Defective. Hyperactivity and low frustration tolerance level attributed to a central nervous system involvement characterized his performance. His approach to problem-solving was one of trial and error.

The subject had a fluctuating hearing loss with no middle ear pathology and demonstrated an inability to interpret environmental language which strongly suggested the presence of a receptive language problem[3]. His oral mechanism was adequate for speech production. His inability to change pitch on command could easily be corrected through exercises in inflection. Expression was mainly through the use of gestures and phrases. Even though he had good eye contact, he did not lipread well, especially when frustrated.

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[3] Ibid., p.3

Academically, he was reading at a first grade level with poor comprehension. Mathematically, he could add and subtract up to ten, but he did not have the concept of borrowing.

At times the subject functioned well in social situations, but his anxiety level was high. His poor physical condition was often used as a device to manipulate those in his environment.

This was a hearing impaired, organically involved child, who was functioning below his age level in all areas. Until his physical problems are arrested medically, he cannot be expected to progress significantly educationally. Meanwhile, a structured classroom situation, stressing comprehension and expression of language was recommended. Placement in a class stressing the use of the Association Method would provide these necessary educational factors.

The characteristics of this group can be summarized as follows:

Only one subject had a serious organic difficulty.

Only one demonstrated confused orientation on fine motor tasks.

Two members had perceptual problems. One's performance was felt to be the result of a central nervous system dysfunction, since many aphasic children have perceptual problems[4]. The other subject had a significant emotional involvement.

All class members with profound hearing losses demonstrated poor visual and auditory memory. The subject, diagnosed as aphasic, likewise performed poor;y on auditory and visual memory tasks as should be expected[5].

Five subjects were functioning intellectually below their capacity. The subject of superior intelligence was performing far below his potential both socially and academically.

Except for two class members, the subjects as a whole had not adjusted adequately to society.

No one in the group had a defect of oral mechanism which would prohibit the acquisition of speech. All lacked adequate pitch control. The majority had extremely poor comprehension and expressive language.

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[4] Barry, Hortense, The Young Aphasic Child, (Washington, D.C.) Alexander Graham Bell Association for the Deaf, 1961) p.21

[5] McGinnis, op. cit., p.59

Lipreading ability ranged from poor to fair for three subjects, one of which was diagnosed as aphasic [6]. Oral language for two subjects was felt to be an ineffective method of communication and enrollment in a manual communications class has been recommended.

Academically, abilities ranged from pre-school to a third grade level.

The evaluation process resulted in new placement for all but one of the six subjects. Two are being placed in individually designed pre-vocational programs. One is to be enrolled in a special class for normal hearing children and two are to enter the Deaf Department.

Discussion:

The evaluation of this group of children with language learning problems, who had been placed in the special program for language disordered (aphasic) pupils, resulted in recommendations for reassignment of five of the six children to classes for the deaf. The evaluation revealed that only one child had any central nervous system involvement, which is one of the criteria for aphasic classes. This aspect of the Title III Project demonstrates the necessity for comprehensive evaluation of pupils who present special learning problems in order to assure appropriate classroom placement. It is essential that the Evaluation Unit staff be involved with the children and their teachers in the new educational placements next year so that appropriate curricula and supplemental services can be provided to meet the needs of each child as identified during the evaluation.

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[6] Ibid.

D. Audiological Services for Horace Mann School Children:

The Title III Project has assumed responsibility for developing complete audiological services for all children enrolled in the Horace Mann School for the Deaf. These services were not available previously and are therefore innovative for the school. These services are described in Section III-A.

The number of Horace Mann School children receiving audiological services is shown in Table X according to each school department, together with the degree of hearing loss and the speech discrimination ability.

TABLE X

Dept.	No. of Children	Mild	Moderate	Moderately Severe	Severe	Profound
Nursery	32	0	1	9	8	14
Lower School	30	0	0	2	11	17
Middle School	25	0	1	3	5	16
Upper School	16	0	0	3	4	9
Language Problems	24	1	3	3	7	10
TOTALS	127	1	5	20	35	66

Dept.	No. of Children	No Discrimination	Few Words	Some Words	Measurable Discrimination
Nursery	32	22	7	3	0
Lower School	30	17	7	6	0
Middle School	25	11	4	1	9
Upper School	16	7	3	1	5
Language Problems	22	12	3	5	2
TOTALS	125	69	24	16	16

Twenty children received new hearing aids in accordance with the Staff Audiologist's recommendations. The majority of these children had been wearing the same hearing aid for eight to ten years.

The hearing aid performance of approximately 25 other children was marginal. It was recommended that these pupils be re-examined during September and October, 1969, to determine if more staisfactory amplification can be selected for them.

In general, the test results of speech discrimination ability were the most alarming. It is disturbing to note that 69 children (approximately 50% of the school population) have absolutely no ability to understand speech. It is difficult to understand how so many children could have failed to learn some discrimination skills if they have received the proper auditory training.

During the year, two "in-service" meetings were held for the teachers. An attempt was made to convince them of the following points:

1) Each child in the school can benefit from the use of amplification.
2) Hearing aids and auditory training units should be kept in proper working condition and should be used daily.
3) Nearly every child in the school can learn to identify some speech elements through aided hearing alone.
4) Through the simultaneous use of auditory and visual cues nearly every child will understand more than if he relies on one sensory input.
5) In general, coercion will not be necessary to keep amplification on a child after he is taught to use his residual hearing.
6) Teachers were urged to report any indication of fluctuating hearing to the school nurse.

Thirteen of the 32 nursery age children had mixed hearing losses during some interval of the school year. Fluctuating hearing is probably one of the most significant factors contributing to the limited academic progress reported for some of these children.

The nursery age children were tested for hearing sensitivity by play audiometric techniques. Children tested by this method were taught to make voluntary movement in response to a sound stimulus (putting pegs in a board; putting rings on a spindle).

Some children could not be tested by this method for the following reasons:
1) lack of active cooperation
2) inability to learn to respond consistently to sound
3) hyperactivity
4) immaturity

Informal procedures [1,2] which did not require the child's active participation but utilized indirect response to a variety of calibrated sounds such as voice, environmental noises, music and noisemakers were used with these children. The results of the informal tests were integrated with information obtained from the case history and clinical observations of behavioral symptoms. On the basis of "team" findings an impression of auditory sensitivity and capacity was formulated. Recommendations included re-evaluation of hearing every three months until more definite responses could be obtained.

An additional twelve persons were seen for audiological assessment but for no other part of the evaluation process. These were exceptional cases where specific requests were made directly to the audiologist.

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[1] Edith Whetnal and David Fry, The Deaf Child, London William Heineman, 1964

[2] Helmer Mykelbust, Auditory Disorders in Children, New York Grune and Stratton, 1954

E. Pilot Class for Deaf-Retarded Children:

1. Introduction:

The number of children sustaining various degrees of hearing loss has increased in recent years. Recognizing the special educational needs of these children, schools and classes have been established which modify teaching techniques and surriculum in terms of the implications of a hearing loss upon the "normal" learning situation. The orientation remains academic, the teachers committed to the philosophy that the "deaf" child can learn to speak and be educated to the levels expected of the "hearing" child. This expectancy is gratifying and appropriate for the child who in all other respects is "normal" or "average" save for his auditory deficiency.

Within the past few years, educators have become aware of the presence of a relatively large population of children with more than one handicap. Of these multiply handicapped children, the deaf mentally retarded constitute the largest single group.

Awareness of this population of deaf-retarded children occurred rapidly within the Horace Mann Evaluation Unit. What became more painfully apparent was the absence or inadequacy of any educational setting appropriate for this type of child. The prevailing situation created an unresolvable dilemma for the parent. The academically oriented programs sponsored by schools for the deaf are totally unsuitable for these children because of their retardation. On the other hand, special education programs for the mentally deficient make no provision for accomodation of these children's lack of speech and hearing. Thus, only two courses of action were available and both are extremely unacceptable. One child is to place the child in a school for the deaf wherein he will experience extreme frustration and defeat and will make little or no progress. The alternative is to keep the child home where he is spared the humiliation of exposing his mental inadequacy, but where no facilities or programs are available to foster whatever degree of development he is capable of attaining.

Traditionally, these children have been considered as deaf-retarded, possibly because of acquisition of the latter due to neglect of the former. It is suggested that these children be considered as retarded first and thereby apt candidates for exposure to the methods and curriculum advanced by educators of the mentally retarded, with modification because of the hearing loss.

The decision was made to set up an experimental class to investigate the efficacy of this approach. A qualified teacher of the mentally retarded was hired and a class of four children established. The class was to operate within the confines of of the Horace Mann School for the Deaf in order to allow the teacher to take advantage of the special facilities and equipment available, plus utilization of the staff and facilities of the Evaluation Unit. It was deemed essential that the teacher have no previous experience or special training in teaching the deaf. The rationale for this qualification was a pragmatic one; teachers trained and experienced to handle both handicaps are very rare: also, in terms of hierarchy, the obstacle of retardation took ascendency. The children in the class would be drawn from the alternate situations mentioned above; some would be takem from classes they were attending but in which they were not participating; others would be drawn from homes, having no previous school experience. This was felt to be representative of what would occur in the community should classes of this type be established within public school programs.

2. Organization of the Pilot Class:

A class of four children was in session for 19 weeks from January 27 to June 6. Due to vacations and snow days, the number of school days was approximately 75. Absences of the children were negligible. The academic program was presented in the morning from 9:00 to 11:00, including a twenty minute recess. Following a hot lunch program at the school, the children met with the various school specialists for the activities of arts and crafts, physical education, woodworking and library.

The classroom was that of the educational programming area of the evaluation unit. Furnishings included a chalkboard, small bulletin board, a large activity table, two supply tables, the four experimental study desks described earlier in this report and an open area for games or physical activities.

Amplification equipment included the child's own hearing aid and an EFI wireless group amplifying system. The system was satisfactory for group lessons, but presented problems of feedback and interference when more than one child was tutored individually or when a child was being tutored while the other children were on the group system.

The teaching area was also equipped with television cameras for viewing of class activities. Visitors to the class were frequent. The children adjusted well to the visitors and the cameras.

The four children in the class ranged in age from nine to 12 years. Two children had been attending the Horace Mann School for the Deaf in classrooms with "normally intelligent" deaf children; one child had been attending a special class for retarded children in a neighboring city; one boy had not attended a school previously. All children were given comprehensive evaluations before enrollment in the pilot class.

3. The Educational Program:

The educational program was developed by the clinical teacher of the mentally retarded in consultation with other members of the Evaluation Unit staff. Basic to all aspects of the program were the following principles:

Communication: Any method of communication was accepted from the children and used by the teacher. Although spoken language was emphasized and vocalizations encouraged, the teacher and children communicated by gestures, pantomime and demonstration as well; no attempt was made to teach through finger spelling or formal sign language.

Success: The program was designed to have each child succeed as often as possible. This was accomplished by providing each child with activities in which he or she could succeed. Creative dramatics were used as well as physical activities and games.

Development of Self-Concept: Through providing each child with opportunities for success, it was felt that a more wholesome sepf-concept would develop.

Individualization at Child's Level: The functioning level of each child was continually considered and re-assessed. The level varied from pre-school to the primary level. Teaching was individualized to the child's level. Group teaching was also used, but within the group the individual levels were utilized.

Purposeful Seatwork: Seat work was purposeful and used to reinforce, clarify, review material atught, and develop independent thinking.

Active Learning Through the Use of Materials: Teaching was done primarily through the medium of exercises with things rather than through the medium of words. This was considered absolutely necessary by the nature of the dual handicap. In each activity the child was able to manipulate materials and thus become actively involved in the learning situation.

Science and Social Studies. The program initially used science units, involving a discovery and demonstration approach. For example, in a unit on seeds, the children were encouraged to examine various seeds, plant them and watch the rate of growth and the effects of water and light. The discovery approach has much value for the deaf-mentally retarded child, since verbal explanations are often not understood, but materials and effects can be controlled so that the child can actually see differences, causes and effects. Other high interest units used were electricity and magnets. Social studies units utilized activities and materials on the home, community helpers, food, etc., in order to prepare the children for living in society.

Arithmetic. Readiness in this area began with the recognition of the quantity and symbols to ten. Three dimensional objects which could be moved from one place to another as they were counted were used. Number lines and charts relating the number to a quantity were placed in the classroom to provide a constant reference for the children. Seatwork papers initially consisted of drawing the quantity which related to the number symbol and the reverse of writing the number which related to the quantity. Each number was viewed alone, in sequence, and in relation to its neighboring numbers. Since "How many?" is an important verbal concept for deaf children, those particular words were used in understanding quantity. Rote counting ability was drilled on for all children regardless of speech ability.

Once a child understood the concept of a number as representing a quantity, grouping was used under the framework of total quantity to introduce the child to number combinations in preparation for the computation of numbers through addition and subtraction. Grouping was taught through three-dimensional objects and pictures. When the child understood the grouping problems, addition and subtraction were begun. The grouping principle was continued by naming and drawing the quantity representing each number and then completing the process of adding or subtracting.

The concepts of time and money were also introduced. Time was shown through the use of the clock and the calendar. Initially the time children arrived, went to recess, and went to lunch were pointed out. Each child made his own calendar every month and would daily write in the day of the week. The changing of one day to another was correlated with the weather from day to day. Money was taught through the manipulation of real coins: at first, five pennies and their relation to one nickel, then the different combinations of coins above five cents.

Language Development. The natural language approach was used throughout. With this method, recognition of print was stressed more than speech and lipreading abilities. Verbal responses ranged from single words to simple sentences. Although repetition of written stimuli was frequent, accent on learning was primarily based on the children's manipulation of the instructional materials. It was hypothesized that through this means the children understood the concepts although their abilities to describe the learning experiences were limited.

Language exercises were planned to develop the children's ability to express themselves and to check comprehension of material in words. This was done mainly through the naming of objects, matching the picture to the appropriate word, or through creative dramatics.

Readiness Skills-Perceptual Training. The work in this area had as its goal the quick and accurate recognition of similarities and differences in symbols, objects and words. Worksheets presented pictures which differed in size, shape, directional orientation, outline or detail. The visual discrimination tasks increased in difficulty.

Visual memory was also an important aspect of perceptual training for it is necessary to the development of a sight vocabulary. To develop visual memory, the game, "What's Missing," was played. A number of objects was placed in front of the children; the children looked at the objects and then closed their eyes while one object was removed. When they opened their eyes, they must tell what is missing. The game was also used for memory of numbers.

Reading. The experience chart method was used to introduce reading and to build on previously acquired reading skills. The rationale for this approach was that vocabulary and subject matter could be controlled. The difficulties of using this method with deaf children are obvious. This method was used in conjunction with object naming, in which objects were named which could be used in the experience chart. The charts consisted of stories about the children, -what they did, what they wore to school, what they saw, etc. Each sentence began with a child's name, assuming that the child knew his name, and that this would evoke interest in the following words.

The experience chart method was carried into the science units. Thus the charts were used to list and describe. In producing the charts, responses from the children were not only encouraged but demanded. For these responses, speech was expected from those with the ability, but for others gestures were accepted. Each chart was reviewed until the material became outdated. The charts served a purpose as long as they held the children's interest.

Non-Academic Activities. Physical education, arts and crafts, cooking and other kitchen skills were taught by the specialists in these areas who were on the Horace Mann School staff. The period after lunch was allocated for these activities because of convenience, since the teacher of the retarded was only available mornings for the academic program. It is suggested that in the future these activities be dispersed throughout the school day.

4. Results of the Program.

The use of standardized instruments for pre- and post-measurement was impossible. There are no standard measuring instruments applicable to the population of children involved.

Change in the children did occur, however, both in behavior and academic development. Achievement measures and behavior records taken by the teacher of the class testify to its efficacy. The effect of the experimental class was visible on each child.

Georgia is a nine year old girl who had been enrolled in one of the classrooms of the Horace Mann School for the Deaf. She was evaluated as functioning at the retarded level. When she entered the pilot class she was quite moody and stubborn. Her moods fluctuated from day to day, ranging from sullen depression to near manaical elation. She resisted most vigorously any attempt to modify her moods. By the time the class ended she was able to control herself and her extremes of moods and, at times, to change her moods. Her control was such that she was able to participate in class activities to some degree each day. Such was not the case initially. Georgia also became very dependent and formed a warm relationship with the teacher. Her initial hostility and rejection of the teacher's effort disappeared; she began to hold the teacher's hand on every occasion possible, to hug her, to sit next to her, to lean against her, etc. This appearance of a warm relationship and need for body contact was in sharp contrast to her initial cold, independent and rejecting manner.

Academically, Georgia achieved also. She entered the class knowing the labels 1 through 7 although her concepts of numbers were weak. This increased in strength and magnitude to 1-10, with ability to say and order numbers 11-20. She was able to learn and understand all addition and subtraction facts up to six. She demonstrated knowledge of the science units undertaken in the class and showed a firm grasp and understanding of family names and roles developed in a social studies unit. When the class ended, Georgia was beginning to read on her own to the group with some assistance from the teacher.

Curt is a nine year old boy who had not attended school until he was referred to the Horace Mann Evaluation Unit by a Headstart program which he attended the previous summer. He was evaluated as deaf-retarded, from a deprived background, and enrolled in the pilot class of the Title III Project. During the time in the class, changes in his personality were apparent. Originally Curt displayed a single, never varied, happy, smiling mood that oftentimes was inappropriate. No matter what the situation, Curt's mood was static. As experience time developed his moods became diverse and appropriate;

he began to show behavior indicative of frustration, anger, disgust, etc. His happiness became more appropriate; instead of smiling constantly, he now began to laugh when appropriate.

Curt entered the class with no apparent academic skills. He was able to master number concepts from 1 to 6, and to the amount and its relationships; also, the order of numbers 11 to 20. He learned well the addition and subtraction concepts involved in the arithmetic combinations up to 6. Originally, Curt had no vocabulary at all; his only vocalizations were grunts. Now he makes a reasonable attempt to produce the names of the other children and the words "one", "two", "three" and "four". He understands that sounds make words. When he first entered the class he paid no attention to the mouth of the speaker; he has since developed an ability to attend to the lips and appears to be trying to learn lipreading, albeit on a primitive level.

Curt showed growth in word recognition and comprehension. When action words such as "jump" or "run" are written and visually shown to him he responds with appropriate behavior. He gives no response, however, to the same words presented auditorily. He learned to match family names, "mother", "father", etc. to appropriate pictures. He became able to recognize his own name and that of the other children when written and to associate the names to the proper person. Curt also displayed comprehension of words used in the science projects, such as "seeds", "battery", etc. However, all his recognition was limited to visual presentation of words.

Curt also became aware of and demonstrated an ordered concept of time. He appeared to be understanding the calendar and the concepts of past (yesterday), present (today), and future (tomorrow). He showed an awareness of ordered time within the day, anticipating recess, lunch time, etc.

May is a 12 year old deaf-retarded girl. She had been enrolled in a special class in a neighboring city for six years, but the Director of Special Education in that city felt that her hearing loss was preventing her from benefitting maximally from the special class program directed toward a group of retarded but hearing children. Her initial behavior was difficult to manage. She showed no social controls at all; she demanded extreme attention by incessant sounds or actions; she was unable to work in a group. She perseverated in vocal productions and often interrupted the class quite inappropriately.

Much of this behavior still remained at the end of the school term in the pilot class; however, more controls were appearing. When she first entered the class, she could not do paper work alone; she demanded the constant undivided attention of the teacher or no production occured. She is now able to do some independent seat work. In the initial of the class, May often caused great disturbances at the general activity table. Now she can and does cooperate in group activities.

Her ability to attend increased from nothing to approximately five minutes in the group situation. In a one-to-one relationship with the teacher, this period is even more extensive. May has also shown a developing pride in her work and a sense of satisfaction when she accomplishes a task. Her original indifference and carelessness has diminished.

When she entered the class, May possessed the number concepts 1 to 7. She now knows the order and relationship of numbers up to 20, but her concepts of numbers in excess of 7 are weak. She was not able to master any addition or subtraction facts or their inherent concepts. In word knowledge, May learned the names and associations of the other children's names. Also, she has shown the proper response to action words (run, walk, etc.). All words must be presented visually. At her present stage, she makes no appropriate responses to the spoken word. Her attention to lipreading is erratic.

Fred is a nine year old boy who was enrolled in the Horace Mann School for the Deaf. He has a moderate to severe hearing loss, and cerebral palsy, although he is ambulatory. He was evaluated as a deaf retarded child and a candidate for the pilot class. Fred showed the least change, behaviorly, of any of the four children in the class. He entered the class with appropriate social controls and abilities and retained them. He was generally pleasant and found no difficulty accepting the demands of classroom behavior.

When he entered the class, Fred knew the number concepts 1 to 10. Now he understands the order and amounts of numbers 11 to 20. He is able to count out loud from one to ten and appeared challenged to learn 11 to 20. He was able to master addition facts up to six; subtraction still poses difficulty for him. Fred experienced a general increase in vocabulary and showed an understanding of the experience charts.

5. Discussion.

The results of such a short term class are most encouraging. Each child in the class showed a degree of development. This is in sharp contrast when one considers that two of the children came from an academic setting for the deaf where they had made little progress for the last few years. In fact, there was evidence that continuation in this inappropriate setting would have serious detrimental effects, especially in their social and emotional development.

The value of the pilot class is attested to by the establishment of a permanent class for deaf-retarded in the Horace Mann School for the Deaf at the request of the school principal and approval by the Deputy Superintendent. This new class is to be patterned directly upon the experimental class approach. In fact, the teacher in charge of the pilot class has been hired as a full time faculty member to teach the new official class. To many, this represents a long overdue expansion concerning the philosophy of education of exceptional children.

F. Consultation for a Class of Hard-of-Hearing Children:

The Evaluation Unit of the Horace Mann School evaluated 31 pre-school children in 1968-69. Included in that number were six hard-of-hearing children who had sufficient residual hearing, which when aided, would allow a normal pattern of language development through concentrated language stimulation. This included the use of meaningful words (usually nouns) and attempts at running one or two word phrases together. These children demonstrated aural comprehension of language and would quite naturallu use visual clues (lip reading) along with the auditory clues for understanding. Two more children of the above description were discovered when evaluated in the fall of 1969.

These children, in the process of developing oral communication, could not be considered as candidates for the Horace Mann School along with non-verbal peers, where language teaching, while natural in concept, is planned for the severely to profoundly deaf child. On the other hand, there were no hard-of-hearing classes established at the pre-school level and regular nurseries or kindergartens would prove too great a challenge to the hard-of-hearing pre-schoolers. A program, therefore, was to be discussed to prepare the hard-of-hearing children for eventual placement in a regular school setting.

A nursery classroom in the Horace Mann School for the Deaf was designated in the mornings for the evaluation of these eight hard-of-hearing children. A regular teacher of normal early education was hired by the Boston Public Schools along with a trained teacher of the deaf. The teacher of normal children conducted the nursery activities and the teacher of the deaf tutored the children individually every day. An intensive parent program was established in conjunction with the nursery program and was supervised by the head of the Pre-School and Parent Education Program of the Horace Mann School. The Assistant Principal of the Horace Mann School and the evaluation unit were advisors to the program. This included audiological assessment, hearing aid evaluation, curriculum planning and a special academic tutoring program for five of the best students. Periodic conferences were held to determine the progress of each child in readiness for a regular kindergarten.

The following is a description of each child, all of whom were good hearing aid users:

Carol, age 5, comes from a bilingual (Spanish speaking) background. Her parents are attempting to learn English and are as cooperative as possible in regard to Carol's education. Carol previously attended the Charlestown Pre-School for the Deaf.

Carol's hearing loss is described as "moderately severe" with a Fletcherian[1] average of 58 db in the better ear and 90 db in the poorer. Her Speech Awareness Threshold is at 54 db and 76 db respectively. She had some words in Spanish and was estimated to be an intact child with average intelligence.

Connie is an only child of separated but interested and cooperative parents. Connie attended a regular nursery program in Jamaica Plain before she was evaluated at the Unit. Connie's hearing loss is described as "moderately severe" with a Fletcherian Average of 63 db in the better ear and 80 db in the poorer. The Speech Awareness Threshold was 60 db and 70 db respectively. Connie had developed good language patterns prior to her arrival at the Horace Mann Evaluation Unit. She used and understood words, phrases and simple sentences. She is an intact child with an estimated intelligence in the superior range. She is 5 years old.

Donna's, age 4, hearing loss was not discovered until she was four years old. She is an only child of interested and cooperative parents who are very young. Donna's hearing loss is described as "severe" and the Fletcherian Averages are 73 db in the better ear and 77 db in the poorer ear. A Sound Awareness Threshold in a sound field is 65 db. She demonstrates the use of a large vocabulary, mostly nouns. Before her hearing loss was discovered, Donna was attending a regular nursery school. She is estimated to have above average intelligence.

Donald, age 4, is a small child having two hearing brothers and intelligent and sensitive parents who consider his emotional welfare foremost in their decisions. Donald's hearing loss can be described as "moderately severe" with a Fletcherian Average of 67 db in his better ear and 110 db in the poorer ear. He has a Speech Awareness Threshold in a sound field of 50 db. He is a shy child who speaks quietly using only a few words. His first year of school was at the Horace Mann School for the Deaf, in the pre-school program. He is a child with above average intellectual abilities.

Allan, age 4, is the second hard-of-hearing child in a family of three children. His older sister, age 7, is attending a regular grade one in a Boston Public School. She has been seen by the Evaluation Unit and though she will repeat grade one, it is thought that she will succeed in a hearing classroom. She appears to have considerably more language than Allan, although their hearing losses are similar. The parents, while cooperative, do not have the insight or incentive to stimulate Allan as much as needed.

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[1] The Fletcherian Average is the least loss to be averaged at any two of the three frequencies of 500, 1000, 2000 Hertz in order to predict hearing loss for speech.

Allan's hearing loss is described as "moderately severe". The Fletcherian Averages reversed from October, 1968, to May, 1969, as follows:

Right ear - Oct., 78 db ; May, 65 db
Left ear - Oct., 65 db ; May, 85 db

In October, a Speech Reception Threshold was found at 80db in the left ear and 90 db in the right ear. Allan is a complicated youngster, who appears to be of average intelligence. He shows lack of discipline and is aggressive with peers. He used no words and communicated through gesture.

Bobby was not evaluated by the Evaluation Unit. He was transferred from a school in another metropolitan city. He has conscientious parents, who have cooperated well with the program. Bobby's hearing loss is described as "moderately severe". He has a sharp sloping loss which results in a Speech Awareness Threshold of 38 db in the good ear and 76 db in the poorer ear. His Fletcherian Averages are 63 db and 95 db respectively. He is alert and out-going and has at least average intelligence.

Manny, age 4, is a shy child with quiet parents. He has a moderately severe hearing loss with Fletcherian Averages of 68 db in the better ear and 70 db in the poorer ear. A Speech Awareness Threshold was not found as Manny did not appear to understand any words. He babbled constantly using soft and gentle vocalizations. He had never been to school before. He has above average ability.

Mike, age 5, is a husky, alert child who has several siblings. His parents have attempted to cooperate but are frequently unable to follow through on recommendations, especially those of consistent disciplinary measures. Mike is willful and used to being the center of attention. His hearing loss is described as being a "moderate" loss. His pure tone averages are 53 db in the better ear and 93 in the poorer ear. He understands a few words without visual clues but because of a profound loss in the high frequencies he has very poor discrimination. After being evaluated at the Horace Mann Unit, it was recommended he attend a regular hearing nursery. This he did for the rest of the school year. He is considered to be of above average ability.

Seven of the eight children completed the program. One child, Allan, was dropped from the program due to increasing emotional problems, lack of parental participation and a fluctuating hearing loss. A second child did not gain in communicative skills and it was felt that he would not be an appropriate candidate for a regular class at this time. He will be followed by the Evaluation Unit.

Six children will go into a regular hearing class in September, 1969. Arrangements were made through Miss Frances G. Condon, Supervisor of the Kindergartens in the Boston Public Schools to send five children to the same regular kindergarten. Miss Condon chose a qualified teacher of a comparatively small kindergarten in the Beacon Hill area for these children, with the purpose of integrating them into a regular grade one in their own community the following year.

This new program will now be followed closely by the Evaluation Unit. Arrangements have been made to bring the children into the Horace Mann School for speech and language tutoring twice a week. The eighth child, Mike, will be entered in a normal grade one program in his own community.

Discussion:
The program met with relative success and was well accepted by the parents. It can not be considered completed. A longitudinal study for this select group of children would provide guidelines for the Boston Public School System in the education of hard-of-hearing children. This phase of the Title III Project demonstrates the need for hard-of-hearing youngsters to be in a hearing environment, rather than a school for the deaf. Further study of the two children who did not gain from this kind of experience should be continued.

Follow-up of the children by the Title III Project in 1969-70 should yield further data on the children's responses to the programs planned for them.

G. Evaluation and Consultive Services in Other Public and Private Schools:

Part of the function of the Horace Mann Evaluation Unit is to evaluate children with a known or suspected hearing loss who are experiencing problems in other educational settings. Some of these children attend schools for the deaf other than the Horace Mann School, and others are in regular classroom settings.

1. Evaluation of Individual Children.

Many referrals came from agencies involved with children who were hearing handicapped and who did not appear to fit into any educational setting. The agencies requested an evaluation to determine appropriate management.

Twenty-eight children were seen for an educational evaluation. Nine of the children were seen for a partial evaluation only; two will be continued and completed in September, 1969. One child was less than two years of age and will be followed in her own community until she is ready for entrance to a school for the deaf. Three children were severely emotionally disturbed and could not be tested. Two children were brain injured and required special treatment and educational facilities and one youngster was a follow-up youngster from the previous year.

Twenty-seven children were evaluated in all areas by the entire Evaluation Staff. The ages ranged from 1½ years to 12. There was a predominance of 6,7,8 year olds (17) possibly indicating difficulties arising in academic areas previously not noted. The geographical area covered the entire state, representing many out-lying areas.

This subgroup of twenty-seven children exhibited the most diverse and most complex auditory impairments. More than one-third of this population has a hearing deficit associated with central nervous system impairment, emotional disturbance or mental retardation. Several multiply handicapped children between six and eleven years of age could only be tested using informal auditory techniques. Thirteen subjects were tested by play audiometric methods; eight hard-of-hearing children were tested by conventional pure-tone and speech audiometry. Table XI shows the degree of hearing loss and speech discrimination ability.

TABLE XI

Degree of Hearing Loss	Number of Children	Speech Discrimination Ability		
		None	Limited	Measurable
Mild	1			1
Moderate	5		1	4
Mod. Severe	7	4	2	1
Severe	4	2		2
Profound	10	10		
	27	16	3	8

It was noted that approximately one-third of the children in this group are now using amplification satisfactorily. New hearing aids were recommended for five children. In six cases hearing aid selection was deferred until more consistent test results can be obtained and/or until there are significant behavioral changes. Table XII shows the relationship between severity of hearing impairment and use of amplification.

TABLE XII

Degree of Loss	Number of Subjects	Hearing Aid Use Satisfactory	Hearing Aid Use Unsat.	Hearing Aid Use No Aid
Mild	1		1	
Moderate	5	3	2	
Mod. Severe	7	3	1	3
Severe	4	2	1	1
Profound	10	2	5	3
Did not Test	1			
TOTAL	28	10	10	7

Eight children were audiometrically diagnosed as hard-of-hearing children. Six of these children are attending regular schools and are experiencing some academic and social problems. All six children are of average or above average intelligence and have receptive and expressive language skills which are not equal to their hearing peers but superior to their deaf peers. They all demonstrated excellent lipreading skills. Two of the children showed poor visual memory and some difficulty in visual perception due to a high anxiety level. Four of the six youngsters are performing at their full potential; the other two are unable to do so because of their high anxiety and fear of failure.

There were two hard-of-hearing children evaluated who are not able to function in regular classrooms; one due to a severe emotional problem and the other due to extreme cultural deprivation and neglect.

Thirteen children referred had no school placement planned for them. The youngest child, 1½ years, was referred back to her own community after an audiological assessment and a hearing aid recommendation was made.

Six of the children were diagnosed as multiply handicapped, including emotional disturbance, which necessitated special educational facilities other than school for the deaf. Five children were severely emotionally disturbed and were not relating significantly to peers or adults through spoken word or gesture. All are in need of trained psychiatric help but are unable to obtain it.

One youngster from the middle of the state is a physically intact deaf child of normal intelligence who has been rejected by three schools for the deaf in Massachusetts, one on Connecticut and one in New Hampshire for no apparent reason. Although he is six years of age and profoundly deaf, he has received no previous education other than Head Start.

Two children from regular schools and one child from a day class for the deaf, were found to have possible receptive and expressive problems as well as their hearing handicap.

One hard-of-hearing, eleven year old child is improperly placed in a class for the retarded because there is no class for the hard-of-hearing in her residential area. Her parents are concerned because of loss of interest and low academic achievement.

Finally, one child was referred for classroom behavioral management,due to a behavioral disorder, from a school for the deaf.

The Evaluation Unit recommended that the six hard-of-hearing children return to their regular classrooms and receive outside academic tutoring as well as language stimulation therapy. Staff members of the Evaluation Unit traveled to each school involved to discuss the special problems of a hard-of-hearing child. Parents were counseled as to what goals they might set for each child and helped to anticipate the problems they might encounter.

The other two hard-of-hearing children were placed in settings to oversome their more immediate needs; one child in a residential school for the deaf with a regular high school goal, and the other in a Boston Public School Kindergarten.

The six multiply handicapped children were all successfully placed in settings provided for these children, not all located in Massachusetts: Crotched Mountain School for the Deaf, The Boston School for the Deaf Aphasic Department, Kennedy Memorial Hospital In-Patient Department, and the Institute of Logopedics in Kansas. One child was temporarily placed in a regular class for the mentally retarded.

The five emotionally disturbed, hearing impaired children are the greatest problem to place due to lack of facilities in the State and throughout the country. One child is receiving private therapy as is her mother. Several of the communities such as Wakefield and Dracut are attempting to accomodate the children using Mental Health facilities and the guidance of the Evaluation Unit. One child's parents did not maintain contact with the Evaluation Unit and no progress has been made in locating them.

The two children with receptive and expressive language problems have been placed, one in the Horace Mann School Language Disorders Department and the other in a regular class in Fall River with supplemental tutoring. They are both being followed by the Evaluation Unit.

No progress has been made in finding a placement in a hard-of-hearing class for the child in Billerica. She has been turned down in Concord and Waltham.

In five cases of extreme hyperactivity, drug therapy under medical supervision has been tried and accepted effectively as a means of control in a classroom setting. Academic progress has been predicted.

Discussion:
This aspect of the Evaluation Unit has been most satisfying. The parents of the children have come to recognize problems with their children and are anxious to receive assistance.

When educational evaluations were completed, the Evaluation Unit Staff found involved schools to be receptive to a personal visit with concerned faculty members. In some schools, faculty meetings were arranged for staff participation. Reports were received, read and acknowledged. The Unit was kept in touch by the parents and the school of new achievements or pending difficulties.

Problems:

1) The referrals were sometimes inappropriate. Sometimes an evaluation had already been done by another agency, and, because of the severity of the problem, there was little the Evaluation Unit could add.

2) Evaluations of severely involved children is time consuming and evaluations were frequently shortened because of the distance travelled by the parents.

3) Follow-up on a long term basis is difficult because of distance to a child's home.

4. The waiting list is long and there are few facilities to accomodate and educate multiply handicapped deaf children.

Tabular Data:

Table XIII summarizes the characteristics of the children discussed in this section.

TABLE XIII
SUMMARY OF CHARACTERISTICS OF CHILDREN EVALUATED FROM OTHER SCHOOLS

PHYSICAL FACTORS:

Gross Motor Coordination:	Satisfactory	14
	Poor	8
	Not tested	3
Fine Motor Coordination:	Satisfactory	14
	Poor	9
	Not tested	2
Visual Sensitivity:	Satisfactory	16
	Poor	3
	Not tested	6
Visual Perception:	Satisfactory	11
	Poor	9
	Not tested	5
Visual Memory:	Satisfactory	8
	Poor	13
	Not tested	4
Number with Multiple Handicaps:		10

VOICE, SPEECH AND LANGUAGE:

Inner Language:	Satisfactory	20
	Poor	2
	Not tested	3
Receptive Language:		
Gesture:	Satisfactory	21
	Limited	2
	Not tested	2
Understands Words:	Satisfactory	10
	Limited	6
	No ability	6
	Not tested	3
Understands Phrases:	Satisfactory	11
	Limited	3
	No ability	8
	Not tested	3
Understands Sentences:	Satisfactory	9
	No ability	16

Comprehension through combined lipreading and auditory clues:	Satisfactory	9
	Limited	6
	No ability	6
	Not tested	4
Lipreading ability:	Satisfactory	11
	Limited	5
	No ability	6
	Not tested	3

Expressive Language:

Gestures:	Satisfactory	24
	No usage	1
Vocalizes or babbles:	Yes	20
	No	5
Uses words:	Yes	16
	No	9
Uses phrases:	Yes	10
	No	15
Uses sentences:	Yes	8
	No	17
Imitates speech of adults:	Yes	16
	Limited	2
	No	7

PSYCHO-SOCIAL FACTORS:

Attention span:	Satisfactory	9
	Poor	16
Emotional status:	Satisfactory	9
	Poor	16
Relation to: Peers:	Satisfactory	9
	Poor	14
	Not tested	2
Adults:	Satisfactory	10
	Poor	15

LEVEL OF INTELLECTUAL FUNCTIONING:

Above Average	8
Average	7
Below Aberage	3
Retarded	2
Could not test	5

Performance to Potential:	Yes	5
	No	20

2. Consultation in Public School Day Classes for the Deaf:

The Title III Project intended to serve children from all public and private schools requesting assistance. During the middle of the 1968-69 school year, the Supervisor of Classes for the Deaf in the Massachusetts State Department of Education expressed the desire that all children in the newly formed day classes for pre-school deaf children be evaluated in the Evaluation Unit. However, the waiting list at that time precluded the staff's undertaking such a task. It was therefore decided that the Project Director would visit individual classes on a consultant basis to assist teachers with questions concerning individual children. During the course of the spring months, four towns were visited.

Prior to a visit, the teacher of the class was asked to compile as complete a file of records as possible on each child and to prepare a list of questions about the child, his behavior, or his educational placement and management. When each class was visited, the records were reviewed, the children observed in regular classroom activities, the child discussed with the teacher and one or more supervisors or special services personnel, and recommendations made for evaluation within the school system itself wherever possible.

The following impressions and conclusions can be drawn from this limited experience in this type of activity:

a. All children enrolled in public school day classes for the hearing impaired are in need of the type of interprofessional team evaluation developed under the Horace Mann Title III Project.

b. Public School systems could provide more of the evaluation than was observed in these visits. In general, the teachers of the deaf were expected to make referrals of specific children to the special services programs of the school. However, teachers of the deaf are not necessarily trained to be diagnosticians and often are unfamiliar with the types of special services available in public school systems. In addition, special services personnel seemed reluctant to undertake evaluation of a new type of exceptional child with whom they had no previous experience.

c. Some children in each class were in need of evaluations beyond the scope or capabilities of the school system's personnel. Some children had multiple problems suggesting the possible need of special placements in other educational settings.

It is recommended that public school systems develop procedures for routine comprehensive evaluation of hearing impaired children by all special service personnel available in consultation with the teacher of the deaf, with procedures for referral of specific children to other agencies when necessary.

H. Problems and Recommendations

The major thrust of the Evaluation Unit for 1968-69 was in providing an interprofessional evaluation within especially designed facilities in an educational setting. The concentration of the evaluation process and the evaluation team in the same physical space made for effective communication and interaction among members of the evaluation team. During the year, the Title III Project demonstrated that the existence of an evaluation team within an educational setting enhanced the process for the benefit of the children, parents and teachers. The location of the unit within the school made it possible for a child to come to the unit as often as necessary and for as long a time as necessary to complete a satisfactory evaluation and develop recommendations. A problem exists, of course, when the demand for these evaluation services exceed, as they do, the availability of staff and physical space. More staff and space will be needed to provide the amount of service being requested.

The description of the children in the previous sections reveal a high proportion of children referred to the Evaluation Unit as having multiple learning, behavior, communicative, and sometimes family problems. The evaluation process resulted in more detailed ans satisfactory descriptions of the children's abilities and home and school environments. However, there was no assurance that recommendations could or would be followed to provide for different and appropriate educational programs within the school. In fact, for some children, adequate educational placements could not be found.

Some aspects of the evaluation process and problems encountered can be presented through the use of illustrative individual cases. The individuals were selected to illustrate the process and some of the problem areas needing attention.

Illustrative Case No.1: Lynn was an eight yesr old girl referred for admission to the Horace Mann School for the Deaf. She had not attended any school previously. Due to her age and lack of educational experience, her mother was unable to obtain enrollment for Lynn in other schools for the deaf. At the time of evaluation in September, 1968, Lynn did not possess a hearing aid, and it was felt by the Evaluation Unti staff that her mother was only attempting to enroll her daughter in a school because of the state law requiring school attendance. The Evaluation Unit staff felt that the following procedures were necessary:

1) A complete audiological evaluation and acquisition of a hearing aid.
2) Continuous parent contact with management counselling and follow-up geared to parental acceptance of the school and Lynn's potential progress and independence.

3) Total educational evaluation.
4) Trial teaching in the evaluation unit to find the child's best avenues for learning.
5) Eventual placement in a classroom of the Horace Mann School with a teacher continuing the work in cooperation with the Evaluation Unit and a member of the evaluation team providing additional academic tutoring in an effort to close the educational gap between Lynn and her peers in the classroom.

Lynn's mother cooperated and began to take a more realistic approach to her. Attendance at the Evaluation Unit was good. The mother was given opportunities to watch Lynn's responses to trial teaching through closed circuit TV. Lynn's motivation was excellent and learning was evidenced immediately. A hearing aid was obtained and corrective shoes for a rotated hip were purchased. The Horace Mann School physical education teacher assisted the Unit in corrective exercises for Lynn. She was enrolled six weeks later for a two week trial period in a class of the school. A conference was held with the Assistant Principal and the teacher involved. From the moment of enrollment in the school, the Evaluation Unit lost ongoing contact with the child, indicating one problem of the relationship of the Title III Project and the school program, namely continuing interaction and follow-up relating to its recommendations.

It became apparent that differences of opinion concerning approaches and procedures existed between the teacher and the Evaluation Unit staff's recommendations for programming. One area of difference was in the relative emphasis and sequence of teaching language development, lipreading, auditory training and speech. Teachers of the deaf have differing philosophies concerning sequence and methodology, and this was one of the areas of difference between the teacher's and the Evaluation Unit's recommendations. Thus, communication and follow-up were less than desirable. Although the child was to be seen in the Evaluation Unit for supplemental tutoring, she sometimes did not appear for her appointment or appeared at the "wrong" time.

The above instance and others indicated that policies regarding the place of the Evaluation Unit in the follow-up of its recommendations needed clarification. In retrospect, it appears that the school and the Evaluation Unit functioned separately. Although a thorough and in-depth evaluation had been conducted, in which a team of professionals participated, the child's prospective teacher had not been involved sufficiently in the process. The lack of involvement of the teacher tended to lead toward two distinct processes and authorities, with the Evaluation Unit making recommendations and the school administrators and teachers making their own decisions with little further involvement of the evaluation unit team.

Illustrative Case No.2: Ronald was a 16 year old profoundly deaf boy originally referred to the Evaluation Unit by his home-room teacher in the Horace Mann School because of social adjustment problems, apparent inability to lipread, and inadequate use of speech and language. Because of the long waiting list of children referred to the Title III Project from within and from outside the Horace Mann School, a six months period elapsed before Ronald was seen for evaluation. During this period between initial referral and evaluation, a considerable improvement was seen in Ronald by his teacher, and ultimately he was seen only for an educational evaluation.

The scope of the evaluation was centered on a complete psychological, audiological and educational work-up. Motor and perceptual abilities appeared to be within normal limits. Intellectually, Ronald tested as above average. No evidence of anxiety or other psycho-social adjustment problems was found. An evaluation of his voice, speech and language development indicated that he was able to grasp instructions within the limits of his learning experiences. His speech was restricted to several relevant words and phrases. Syntax was poor expressively, although he did better on written work than in oral communication. A detailed analysis of Ronald's written language led to the finding that many of his errors were consistent and that instruction in specific grammatical rules would improve his abilities.

Following a conference of the Evaluation Unit staff and Ronald's teacher, it was decided that he would be tutored for one hour a day three days a week in the evaluation unit. Duration of the tutoring period was seven weeks.

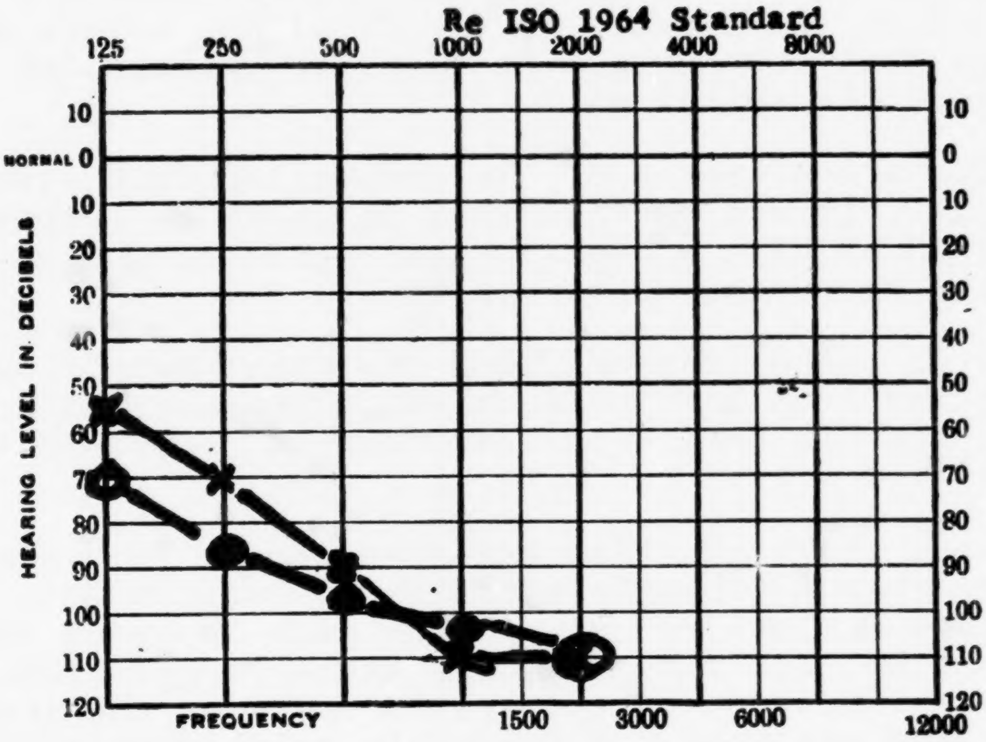
Results of these sessions indicated that Ronald was making positive gains from the instruction. The remarkable attribute Ronald had was his desire to learn and to persevere in doing his best at all times.

Throughout the evaluation and educational programming period, Ronald's teacher met weekly with the Evaluation Unit staff. It was necessary for her to use a lunch hour in order to find time for the meeting, but this was done at her suggestion. As a result, communication and cooperation between the teacher and the unit staff was good. A favorable relationship was developed with Ronald and prognosis for improvement in language arts is promising. The tutoring by the Evaluation Unit staff will continue next year, as will meetings with his teacher, who will continue as his home-room teacher and lnaguage arts teacher.

These two illustrative cases focus on the need for providing time for teachers to become involved in the evaluation process, in staff conferences and in follow-up of recommendations. While this may be difficult to implement, it is essential that waya be found to free a teacher from her regular classroom duties when the needs of one child require her involvement with the evaluation process. In addition, the Title III Project needs to focus more on the follow-up process, possibly by being more available as consultants to the teacher and devoting some time to working with a child within the actual classroom setting.

Illustrative Case No.3: Susan, 14 years old, was one of the pupils for whom audiological services were provided. She had attended the Horace Mann School for the Deaf since the age of six. Her hearing loss, of unknown origin, has probably been present since birth. Although appropriate wearable amplification has been provided for her since enrollment in the school, classroom teachers report she has worn a hearing aid inconsistently. Auditory training equipment has been available in her classrooms during several years of education. Data regarding the use of this equipment was not available.

Susan's hearing sensitivity was evaluated in December, 1968. Test results shown on the audiogram below indicate the presence of a bilateral sensori-neural hearing loss. The audiometric configuration slopes sharply from a moderate-severe loss in the lower frequencies to a profound loss in the middle frequency range.



Speech threshold tests were administered by live voice. Susan was unable to differentiate among three selected spondaic words (baseball, airplane, cowboy). Therefore, vowel sounds, having the greatest energy in the lower frequencies, were presented. She was also unable to make this differentiation, or to discriminate between two words of different lengths (one and two-syllable words were used.).

Susan was examined during three additional half-hour sessions to investigate her ability to learn to use her residual hearing. The first two sessions were scheduled one week apart during January, 1969; the third session was six weeks later. She was required to wear her hearing aid to school throughout the investigation. When the hearing aid was "forgotten" several consecutive days, a portable auditory training unit was provided for her full-time use. On the first session she learned to identify words of different syllable length, to differentiate among five vowels and to identify five words containing these vowels. She retained the concepts throughout the six-week period and demonstrated the ability to apply these skills to new speech material.

The latter case illustrates that increased emphasis on auditory training should be undertaken throughout the Horace Mann School, so that pupils will be able to utilize their residual hearing with amplification more efficiently. It may be necessary to provide additional in-service training beyond the two in-service training sessions conducted by the Title III Project audiologist in 1968-69. It may be necessary to institute a program of ongoing supervision of a planned auditory training program by the project audiologist in 1969-70.

Illustrative Case No. 4: Shirley was a five year old child from a small town 30 miles from the Horace Mann School for the Deaf. She had been diagnosed as profoundly deaf by a hospital audiology clinic, but the family had been unable to obtain enrollment in a school for the deaf. She was seen by the Evaluation Unit when she applied for admission to the Horace Mann School.

The child was brought to the Evaluation Unit by her mother in October, 1968. Her high anxiety level prevented any member of the staff from interacting with her in any activity. It was decided that members of the staff would go to the public school in her own town where she attended a normal hearing class. Arrangements were made through the teacher and the principal of the school. On a given day, two members of the evaluation team were welcomed into the school to observe the child in the classroom, and incidently, one of her sisters is in the same grade. The teacher demonstrated in her teaching some of Shirley's strong and weak points, giving the team members a good idea of the social level of interaction, if not academic. During the children's recess she discussed Shirley's performance in more detail. She was helpful in that she knew most of Shirley's siblings. As the evaluation team left, the teacher suggested that they drop into the Junior High School and meet the Acting Superintendent of Schools, who knew and was interested in Shirley's case.

Although unannounced, the Superintendent welcomed the team into his office and showed enthusiasm for the work being attempted. He agreed to help with any recommendations made.

Shirley was then seen in the Evaluation Unit for intensive evaluation. It was the impression of all concerned that Shirley was severely emotionally distubbed; audiometrically there were indications of the presence of only a mild hearing loss, if any at all. Since the findings were in contradiction to those of the hospital audiology clinic, the clinic was contacted immediately and they made arramgements to see the child in their facilities. During the reexamination in the hospital audiology clinic the same results were obtained - that of a profound hearing loss. That afternoon, the hospital audiologist came to the Title III Evaluation Unit for joint audiological evaluation of the child.

In the meantime, the Superintendent of Schools of the child's home town notified the Unit of the designation of a new Special Educational Adjustment Counsellor who would follow up any educational recommendations. He was told of the two audiologist's findings and asked to place the child in a special class and to allow the Evaluation Unit staff to spend time with the teacher, in order to show her how she might help in the continuing evaluation and diagnosis. The arrangement was made immediately and, after a written atatement from the Evaluation Unit Psychologist, the child was placed in a class with four other children. A meeting was arranged for the evaluation team with the child's teacher, the speech therapist, two elementary guidance counsellors, the Director of Special Education and the Principal of the school where Shirley had been attending first grade. The school system assumed full responsibility for the child in so far as they were able. The teacher and speech therapist felt that the child was able to hear. At the meeting it was decided that the adjustment counsellor would attempt to interest Shirley's parents in a Mental Health Program in a nearby community. The Evaluation Unit will see Shirley periodically for further audiological assessment. The public school personnel intend to meet with the Evaluation Unit at intervals to follow Shirley's progress and to request new recommendations while a more appropriate educational placement is sought.

Although this case illustrates the results of excellent communication and cooperation by all concerned with the child, it focuses on a child with educational problems which are difficult to diagnose, on the problems of conflicting diagnoses, and the problems of inadequate educational placements for children with multiple or difficult to evaluate learning, behavior and communicative disorders. It highlights the extensive time involvement of many school personnel in order to plan and implement an educational program for such children.

The great dependence of the deaf on vision as a means of acquiring information, and the high proportion of children with problems in either visual sensitivity, visual perception or visual memory, suggests that much more attention be given to routine use of vision tests for hearing impaired children. Dr. Frederick Landrigan, the Boston School Department Ophthalmalogist, recommends a complete ophthalmalogical examination as an addition to the entrance requirements to a school for the deaf. This recommendation was voiced by the Title III Project nurse to the ENT departments of Boston hospitals and discussed with parents of deaf children. There seemed to be little awareness of the need for vision testing on a more extensive basis for deaf children.

Recommendations:

Specific recommendations have been made in each of the previous sections dealing with the Evaluation Unit activities. These recommendations can be summarized as follows:

1. There is a need for increased teacher involvement in the evaluation process. Provision must be made to release teachers during school hours to participate in the evaluation process including staffing sessions relating to children they refer.

2. Members of the interprofessional team need to become involved in the educational and therapeutic program carried out after evaluation in order to assist in the implementation of the recommendations developed during evaluation.

3. The staff of the Evaluation Unit should be expanded as rapidly as possible to include a full-time Social Worker and full-time Counseling Psychologist. The full-time Social Worker is needed to maintain all the contacts and relationships with the parents and community agencies concerning records of previous services and future referrals. The Counseling Psychologist is required for the emotional problems of the children and families, since many of the children have emotional problems.

4. The number of children with multiple problems of a medical nature indicates the need for the availability on a regular basis of a pediatrician, otologist, ophthalmologist. A pediatrician is not currently available to the Evaluation Unit.

5. On a state-wide level, more aggressive activities are needed to develop facilities, programs and teachers for an increased number of children with multiple problems for whom the present educational facilities are inadequate. New facilities and programs and especially trained teachers are needed for these children.

6. University programs preparing teachers of the deaf need to expand these programs to include greater sensitivity to individual needs of children, an ability to use clinical approach as required, and a knowledge of all special services available to children with an ability to interact as a member of an interprofessional team.

IV. ADULT EDUCATION

The Speech and Hearing Foundation of Massachusetts, a private non-profit organization, has been providing a program of adult education for the deaf for several years. The Title III project director participated in the course in Dactylology (sign language) and involved deaf and hearing members of the Foundation in planning of the adult education program proposed for the new Horace Mann Center.

Beginning in September, 1968, through cooperation with the Boston School Department of Adult Education and Recreation, the classes conducted by the Speech and Hearing Foundation have met in the Taft Junior High School Adult Center, in the Brighton-Allston section of Boston where the new Horace Mann Center is scheduled to be built. This was another step in closer cooperation between the Speech and Hearing Foundation and the Horace Mann Project to expand adult education programs for the deaf. The program of courses offered during the 1968-69 school year included English, Mathematics, Postal Clerk/Carrier Tutoring, Speech Improvement, Lipreading, Dactylology, Floral Arranging, Fashion and Styling, Home Interior Crafts and Acting Workshop.

Instructional salaries were paid from Speech and Hearing Foundation funds.

The instructor's salary for the Postal Clerk/Carrier Tutoring was paid by the Massachusetts Rehabilitation Commission. After two terms of instruction, the Speech and Hearing Foundation Program Director arranged for the nine deaf adults to take a special Civil Service Examination. The Civil Service Examiner was assisted by an interpreter using sign language. This was the first time such an examination was given in the United States. Six deaf adults received passing grades on the examination and were placed on the Civil Service list.

During the Spring Term of the program, the Title III Project employed a clinical teacher of the deaf on a part-time basis to serve as an educational counselor for the deaf adults. She also taught the Speech Improvement course. In addition, she represented the Title III Project at the meeting of the Council of Organizations Serving the Deaf held in New Orleans in February, 1969. The following sections are her reports on the three activities in which she was involved.

A. Report of Organizations Serving the Deaf: National Forum II: The Deaf Man and the World, (New Orleans, February, 1969)

The specific topics included the problems and potentials of the deaf in areas of employment, personal relationships and religious and social affiliations. The problems and recommendations alluded to in this paper are those, which it is felt, should be the concern of an educational program for the deaf.

It was stated that the emploment problem for the deaf was one, not of no employment, but of underemployment. Three reasons were given for the underemployment of the deaf:

1. lack of qualifications.
2. the unrealistic attitudes of employers.
3. inadequate counseling for the deaf and their employers.

In order to remedy the employment situation, the following recommendations were made:

1. Improved vocational training for the deaf is needed. The emphasis should be on white collar and service jobs because blue collar jobs are on the decline. The deaf should be provided with skills superior to those of their hearing competitors.

2. Educational and vocational counseling for the deaf should be provided. Counseling is needed to help the deaf achieve realistic vocational objectives in terms of their capacities and opportunities. One technique suggested for the evaluation of vocational ability and problems of literacy is the administration of Work Sample Tests. The deaf also require counseling to help them in presenting qualifications during job interviews; to understand the expectations of their employers and the obstacles to their upgrading; to determine the best manner of communicating with the job supervisor and fellow workers; to become aware of opportunities for job training; and the desirability of taking adult education courses particularly in language and communicative skills.

3. Interpreters for the deaf are needed to assist in interviews.

Also discussed was the importance to the deaf of strengthening their self image. Personal counseling was indicated. Additional reinforcement of the self image of the deaf could be provided by greater utilization of deaf teachers. They are good models for the deaf to emulate and they are best able to provide social guidelines for the deaf.

Attendance at the COSD conference helped to underline the importance of the following suggested additions to the program offered for deaf adults by the Speech and Hearing Foundation and the Horace Mann Center:

1. Personnel:

    a. A recruitment staff selected preferably from former pupils or other deaf adults, is needed to advise the deaf of the desirability for participation in adult education courses particularly in language and communicative skills.

b. Guidance personnel are needed to provide educational, vocational and personal counseling to the deaf. If such personnel are not available, then someone should be designated to refer the deaf to appropriate counseling services within the hearing community.

2. Courses:

a. A course in Job Orientation which would consist of:

1) visits to businesses and industries
2) films about vocations and jobs
3) job application terminology
4) shop language
5) how to establish interpersonal relationships with fellow employees
6) mock interviews with personnel directors

b. A course in Social Etiquette which would involve learning and using appropriate behavior in various social situations. Preferably, this course should be taught by a deaf teacher.

B. Report on the Speech Improvement Course: (Spring Term, 1969)

Five pupils attended class on a fairly regular basis. Four, who were approximately twenty years of age, had fair to poor speech and lipreading skills and communicated primarily through signs. The fifth pupil was sixty years of age, had relatively good speech and lipreading skills and communicated solely through speech and lipreading.

In order to communicate effectively with all the students together, it was necessary for the teacher to employ the combined method of speech and sign language while teaching. Although the teacher's knowledge of signs was limited, her facility with fingerspelling enabled her to communicate satisfactorily with those pupils of limited oral ability.

It was decided to devote the larger part of each class session to speech rhythm rather than, as is customary, emphasis upon articulation. The teacher felt that since the standard approach to speech improvement, employed at schools for the deaf, had not resulted in good speech for these pupils, a different approach was warranted.

The pupils were taught the use of stress in syllables and words. To assist the pupils in learning the use and purpose of stress, visual and tactile cues such as clapping and hand motions were employed. Although the lessons were concerned primarily with speech rhythm, other areas of speech improvement were introduced. For example, in order to increase the use of natural inflections, e.g., expression in the pupils' speech, the teacher attempted to evoke strong emotions from the pupils through role playing. In addition, to assist the pupils in the articulation of individual sounds, the teacher demonstrated the use of the Voice Visualizer. If the pupils experienced difficulty articulating a particular sound, they were encouraged to use the Voice Visualizer on an individual basis.

As another area of focus for speech improvement, new vocabulary words were intriduced for which the pupils used the dictionary to learn the definition and pronunciation.

The response of the class to these approaches was encouraging. For some, the concept of stressed speech had been entirely unfamiliar. Yet all the pupils learned to control the duration and loudness of their vocalizations in order to stress syllables properly. In addition, the pupils learned, to some extent, how to determine for themselves which syllables or words required stress. Those pupils who worked with the Voice Visualizer were intrigued with the visual displays and enjoyed using it. It was the impression of the teacher that the speech intelligibility of all the pupils was perceptibly improved.

1. Problems Identified:

   a. Irregular attendance presented the greatest problem. It impeded working with the class as a whole since absenteeism was frequent. Those pupils absent from the previous session(s) had to be brought up to date before the class could be taught together effectively.

   b. The wide range of speech skills in the class would have presented a problem for the teacher had she emphasized articulation improvement. It would have been impossible to teach the class as a whole. In emphasizing speech rhythm, the teacher selected an area of speech improvement which was necessary and relevant to everyone.

2. Recommendations for Future Offerings of the Course:

   a. As mentioned previously a recruitment program is needed to convince more deaf people of the importance of participating in a speech improvement course.

   b. It is important to hire a teacher with the knowledge of sign language and fingerspelling.

C. Report on the Pilot Educational Counseling Program:

A teacher of the deaf was available for educational counseling to all pupils enrolled in courses offered by the Speech and Hearing Foundation for deaf adults. It was her job to determine their educational needs in order to provide appropriate guidance. Appointments with the counselor were made on a voluntary basis. Eight pupils, young men approximately twenty-three years of age, were counseled. All expressed the need for vocational rather than educational guidance. One pupil indicated the need for psychological help. The counselor attempted to locate resources within the community which could accomodate the needs of deaf people with limited oral ability. The following organizations were contacted:

1. Massachusetts Rehabilitation Commission.
   This State agency will pay for job training for the deaf. It is unlikely, however, that MRC will pay for job training if an individual is currently employed but is dissatisfied with his job or would like to take additional courses to improve his job status.

2. Deafness Resources Institute.
   The Institute is primarily a referral agency which does, however, provide some services, especially educational tutoring, for which it has trained personnel.

3. Division of Employment Security - MDTA Program
   MDTA provides a paid training program in numerous vocational areas for disadvantaged people who have not completed high school. There are no provisions, however, for deaf people who communicate manually. If ten people are interested in a particular training program, a class will be formed. However, the problem remains of finding an instructor who can communicate manually.

4. Northeast Technical Institute.
   Of all the courses offered at the Institute, only drafting was suggested as a viable course for the deaf who cannot communicate well orally. The Speech and Hearing Foundation counselor accompanied one pupil to NTI for a visit. The pupil, however, did not choose to follow up this initial contact.

5. Psycho-Social Services for the Deaf.
   This agency provides psychological testing and therapy for the deaf. However, the cost for these services is prohibitive for the majority of deaf people.

6. Massachusetts General Hospital-Acute Psychiatric Clinic.
   Social workers and resident doctors provide diagnostic and theraputic services at this walk-in clinic. The project counselor made arrangements for one of the young adults to be interviewed there. Although noone on the staff had knowledge of sign language, one doctor agreed to attempt to counsel the student. The young deaf adult, however, did not appear for his appointment.

7. Other organizations were contacted such as the Boston Family Service Agency, Jewish Family and Child's Service, United Community Services, South Boston Action Centre, as well as hospitals, data processing schools, universities, agencies of the State Department of Education and the Boston School Department, in an effort to locate psychological and vocational services of possible use to the deaf. However, these organizations were not equipped to deal with the special communication needs of the deaf.

Problems in educational counseling of deaf young adults include:

1. The primary motivation of those who expressed interest in changing jobs was the possibility of substantially greater earnings. This objective was unrealistic in terms of the jobs for which they had been trained.

2. It was the impression of the counselor that the young men had received inadequate vocational counseling prior to their job selection.

3. Few vocational and psychological services within the community are feasible for deaf people with limited oral ability.

4. It was the counselor's impression that many of the deaf did not realize how they might be helped by some of the services, such as counseling, which are available to them.

Recommendations for the Horace Mann Project are:

1. Interpreters are needed to accompany the deaf to organizations within the community which offer needed services.

2. A trained vocational counselor should be available for deaf adults.

D. The Boston Guild for the Hard of Hearing - Committee on Expanding Community Services to the Deaf:

The Project Director serves as a member of this committee and as a member of the Board of Directors of the Boston Guild. The Boston Guild is a member agency of the National association of Hearing and Speech Agencies which has recently shown an increased interest in serving deaf adults where previous services focused on hard-of-hearing adults. The committee has studied the potential of the Boston Guild to expand services to the deaf and has held meetings that included deaf adults, among them deaf adults associated with the Speech and Hearing Foundation. It is hoped that this committee will be of assistance to the Horace Mann Project and the Speech and Hearing Foundation in relation to adult education programs planned for the new Center, as well as in providing services needed by deaf adults which should be provided in other settings.

V. CONTINUED PLANNING OF THE NEW CENTER

A. The Allston-Horace Mann Planning Activities:

The Horace Mann Planning Project, in 1966-67, developed educational specifications for a new Comprehensive Horace Mann Center. The Planning Project recommended that the new Horace Mann Center be constructed in the western section of Boston in conjunction with the construction of a new elementary school in order to provide for interaction of deaf and hearing children and maximize the school facilities as a community school. The Boston School Department, with approval of the State Department of Education, authorized its Educational Planning Center to proceed with further planning of the Horace Mann Center and the new Washington Allston Elementary School.

The Educational Planning Center assisted the Allston community in the organization of four community action committees to become involved in the planning activities and decisions relating to the two schools.

The Horace Mann Project Director became a member of the Committee on Special Education which was chaired by Mr. and Mrs. Daniel Gendron. The committee included parents, interested members of the community and teachers of the present Washington Allston School. Included on the Committee on Special Education were Robert Danahy, President of the Massachusetts Parents Association for the Deaf and Hard of Hearing, and Alice Gold, Advisor to the Boston Deaf Club.

The recommendations of the Committee on Special Education are included in the draft proposal in Appendix A. The proposal was accepted by the Boston School Department and by members of the Allston community. A most significant aspect of the recommendations was the one that the proposed Evaluation Unit of the Horace Mann Center be expanded to include all types of exceptional children and placed in the central facilities unit of the new complex.

Following acceptance of the proposal for joint construction of the two schools on the same site, the Committee on Special Education devoted itself to further planning of special education services for the new complex. Resource persons were invited to committee meetings to discuss philosophies and approaches.

Representatives of the State Department of Mental Health, The Boston Schools Department of Special Classes, and of the Boston College and Boston University Departments of Special Education attended these meetings at different times. One result of the continued planning was the development of revised educational specifications for the Evaluation Unit of the new complex. A draft copy of the revised specifications may be found in Appendix B.

At the time of writing of this report (July, 1969), there was continued active planning by the Educational Planning Center and the Public Facilities Commission of the City of Boston in refining specifications and in selection of a site and an architect.

B. Planning for Secondary Education:

In the 1966-67 report of the Horace Mann Planning Project, a secondary education unit was recommended. In order to provide more specific guidelines for the development of a secondary education program for the deaf, an Advisory Committee on Secondary Education was invited to meet. Attending this meeting were:

Marianne McKeon,	Supervisor, Programs for the Deaf Massachusetts Bureau of Special Education
Eileen Connolly,	Principal, Horace Mann School for the Deaf
Charles Healey,	Guidance Counselor, Horace Mann School for the Deaf
Stanford Blish,	Guidance Counselor, Clarke School for the Deaf
Sister Mary Kieran,	Principal, Boston School for the Deaf
William Flanagan,	Massachusetts Parents Association for the Deaf and Hard of Hearing
Alice Gold,	Hearing Advisor, Boston Deaf Club
Wilbert Pronovost,	Horace Mann Planning Project

Prior to the meeting there had been contacts with Patricia Quinn, Principal, Beverly School for the Deaf, and Robert Murray, Associate Director of the Educational Planning Center who has been involved with planning of the Madison Park Comprehensive High School for the City of Boston.

The remainder of this report is based on the meeting of the Advisory Committee and other planning conferences with individuals.

At the present time, there is no comprehensive plan for secondary education of the deaf in Massachusetts. The four schools for the deaf do provide guidance counselors to assist students graduating from the school in securing placement in high schools for the hearing, in vocational high schools and in vocational training schools. Some vocational training is financed by the Massachusetts Rehabilitation Commission. The Horace Mann School for the Deaf has a teacher-counselor who provides counseling and itinerant-teacher-type tutoring and follow-up of some graduates who are attending schools for the hearing. The Boston School for the Deaf provides a similar teacher-counselor. Next year, the Boston School for the Deaf teacher-counselor will be based at the Blue Hills Regional Vocational High School as the English teacher and counselor for a group of deaf boys who will begin their studies at that high school. However, each year there are graduates of the schools for the deaf for whom appropriate school placements are not available.

According to data provided by Miss McKeon, 48 students were enrolled in high school programs for the deaf outside of Massachusetts.

American School for the Deaf (Conn.)	- - 28
Austine School (Vermont)	- - 13
St. Mary's School for the Deaf (N.Y.)	- - 6
Lexington School for the Deaf (N.Y.)	- - 1

Many of these students could be educated in Massachusetts if appropriate programs were available.

On the basis of opinions and information currently available, it is apparent that a variety of flexible programs and facilities are required. The recommendations included here are designed to meet these varying needs. Some of these recommendations were included in the 1966-67 Planning Project Report but are repeated here to indicate the breadth and flexibility of programs.

1. Services for deaf students in regular high schools:

   a. Itinerant teachers of the deaf and counselors of the deaf will travel from the Horace Mann Center to regular high schools to provide supplemental tutoring and counseling. High schools served will need to provide an office or conference room on a part-time basis.

   b. Tutoring, counseling and clinical services of the Horace Mann Center will be open to students who come to the Center after school from the high schools in which they are enrolled and utilize space in the Secondary Education Unit of the Evaluation Unit.

2. Secondary Education of the Deaf in the Madison Park Comprehensive High School.

The Madison Park Comprehensive High School intends to have four houses for approximately 1250 students each. It is recommended that facilities for deaf high school pupils be incorporated into two of these houses. Within each house, the 1250 students will be divided into five groups of 250 for study and recreation. Ir is recommended that deaf students be distributed throughout the five groups for maximal interaction with normally hearing high school peers. The program is designed to make courses and ficilities of a comprehensive high school available to deaf high school students while providing any specialized academic instruction, tutoring and counseling they may require on the premises of the high school. For each house of 1250 students, four classrooms equipped to serve 32 students (eight per classroom) should be provided, along with space for specialized equipment and media, and space for individual tutoring and counseling. Four teachers of the deaf and a counselor of the deaf should be available full-time at the comprehensive high school. The program would permit both a resource room approach in some subject matter areas and separate classes for the deaf in academing subject matter if required, although it is expected that most deaf pupils will attend classes with their hearing peers and utilize the special classrooms for supplemental assistance from a teacher of the deaf. The four teachers in each house unit should be able to provide high school level instruction in English, Mathematics, Social Studies and Science. The teachers and the counselor would assist deaf students in utilizing all levels of college, business and vocational curricula offered in the comprehensive high school.

A floor plan of a recommended special class unit for each comprehensive high school house is included on the next page.

3. Secondary Education Unit of the New Horace Mann Center:

A number of deaf students of high school age have been identified as needing programs other than those described in Sections 1 and 2. These are deaf students who will require some type of academic program within the Horace Mann Center. These include:

a. Students who have the academic potential for a high school diploma but for various reasons are not able to function in the Comprehensive High School (Section 2 above).

b. Students who require vocational education in a vocational school or on-the-job training supplemented by continuing education in English, Mathematics, etc., plus ongoing counseling.

c. Students with multiple problems requiring continual special education beyond the programs of the elementary schools for the deaf.

It is recommended that eight classrooms similar to those for the Comprehensive High School be provided within the Horace Mann Center.

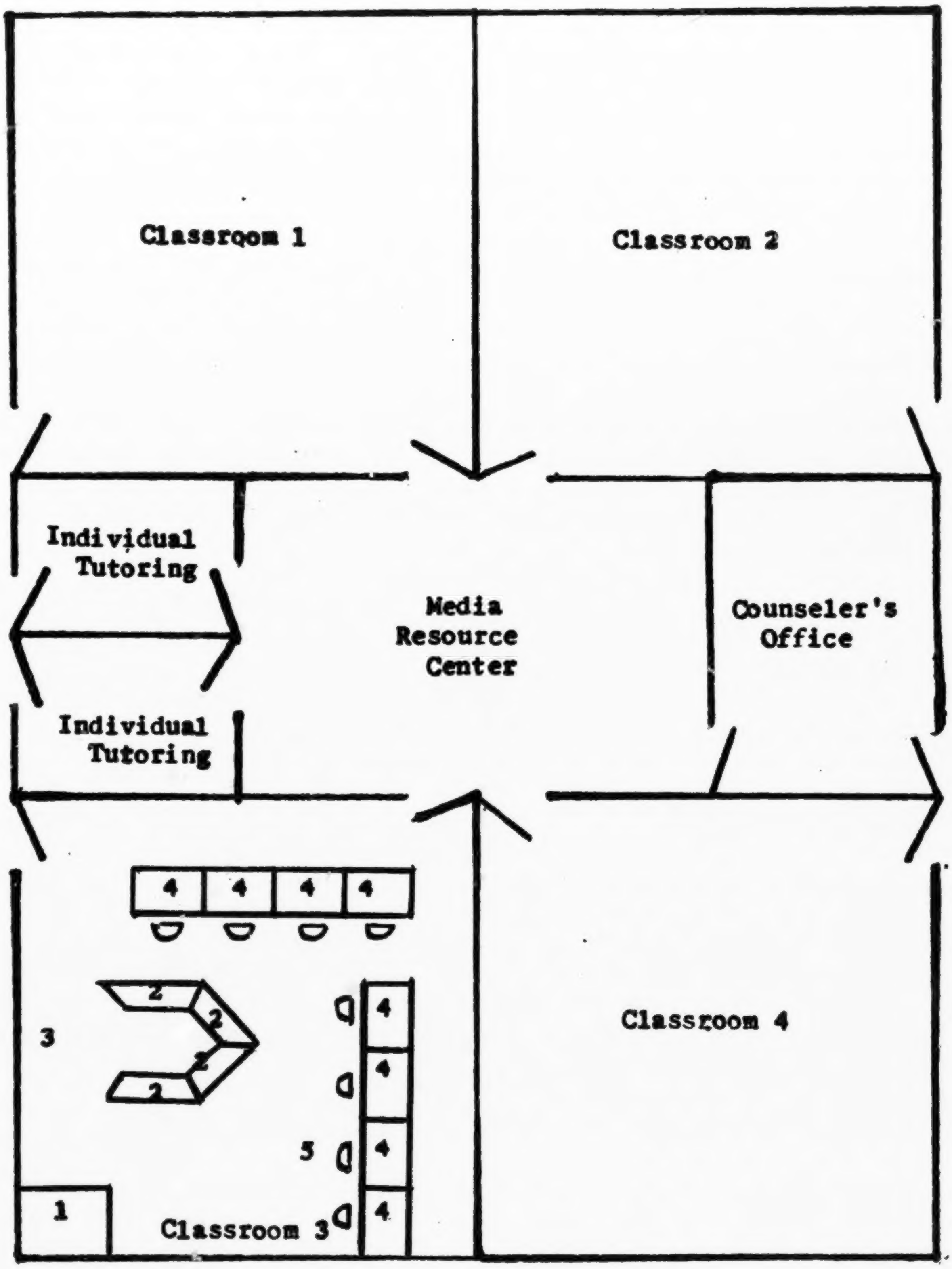
4. Living Quarters for Deaf High School Pupils:

Data from schools for the deaf indicate that some students requiring the Madison Park Comprehensive High School Program or the Horace Mann Secondary Education Program will live outside the Boston area such that they will be unable to commute from their homes. The number of pupils is not large and may vary greatly from year to year such that construction of dormitories is not a feasible solution.

SUGGESTED FLOOR PLAN

Secondary Education Unit - The Deaf

One unit in each of two houses in Madison Park Comprehensive High School


Classroom 1
Classroom 2
Individual Tutoring
Media Resource Center
Counseler's Office
Individual Tutoring
4
4
4
4
2
2
2
2
3
4
4
5
4
4
1
Classroom 3
Classroom 4

1 Teacher's Desk
2 Trapezoid Table (18 x 48)
3 Blackboard - Screen
4 Study Carol (24 x 36) (open at back - storage above)
5 Chairs (which can be moved to tables)

Scale 1/8" - 1'

It is recommended that married couple counselors be hired for the Horace Mann Center, as required, and that apartments or homes near the Horace Mann Center be leased to provide living quarters for deaf students under the supervision of the married couple counselors. Such an arrangement is more economically feasible and permits flexibility to meet the needs of a varying number of students.

VI. PLANNING OF THE HORACE MANN CENTENNIAL SYMPOSIUM.

During 1966-67, an official of the Title III Programs of the U.S.Office of Education suggested to an official of the Boston Public Schools Educational Planning Center that a Symposium on Deafness would be appropriate activity to be considered by the Horace Mann Project. The Project Staff, aware of the fact that 1969 would mark the Centennial of the Horace Mann School for the Deaf as the First Oral Public Day School for the Deaf in the United States, as well as the Charter Centennial of Boston University, which has been operating the Horace Mann Title III Project, decided to hold a Symposium entitled THE WORLD OF LEARNING AND DEAFNESS on November 10-12, 1969, in conjunction with the November 10th anniversary of the Horace Mann School. It is also noteworthy that Alexander Graham Bell taught at the Horace Mann School for the Deaf and at Boston University during the years in Boston when he also invented the telephone.

An Advisory Committee to guide the Project Director in planning the program was established consisting of:

Jack Childress, Dean, School of Education, Boston University
Eileen Connolly, Principal, Horace Mann School for the Deaf
George Fellendorf, Executive Director, Alexander Graham Bell Association for the Deaf
Herbert Forsell, Coordinator, Title III Projects, Boston Public Schools
Patria Forsythe, Executive Secretary, National Advisory Committee on Education of the Deaf
James Gallagher, Associate Commissioner, Education of the Handicapped, U.S.Office of HEW
Ann Mulholland, Coordinator, Teacher Preparation-Hearing Impaired, Columbia University
Albert Murphy, Chairman, Department of Special Education, Boston University
Wilbert Pronovost, Director, Horace Mann Title III Project
Edith Rosenstein, Assistant Principal, Horace Mann School for the Deaf
Joseph Rosenstein, U.S.Office of Education

The Advisory Committee met in Boston on January 17, 1969, and developed the theme and format for the three day Symposium. Through correspondence and telephone, the speaker-panelists were selected by the Advisory Committee and invited to participate. The program for the Symposium is given on the following pages.

Horace Mann Symposium on Deafness
THE WORLD OF LEARNING AND DEAFNESS - THE NEXT 100 YEARS

Boston, November 10, 11, 12, 1969
(Program as of July 1, 1969)

Sunday, November 9, 1969

Evening - Reception at the Gardner Museum.
Courtesy of New England Telephone Company and Speech and Hearing Foundation of Massachusetts

Monday, November 10, 1969 - Sherman Union, Boston University

8:30-9 A.M. - Opening Session

Chairman: Eileen Connolly, Principal, Horace Mann School for the Deaf

William Ohrenberger, Superintendent, Boston Public Schools
Arnold Christ-Janer, President, Boston University
Neil V. Sullivan, Commissioner, Massachusetts State Department of Education
Edwin Martin, Associate Commissioner, Education of the Handicapped, U.S. Office of Education

9-10:30 A.M. - CHILD DEVELOPMENT, THE FAMILY AND SOCIETY

Chairman: Patria Forsythe, National Advisory Council on Education of the Deaf

Symposium Speakers:

CHILD DEVELOPMENT: Jerome Kagan, Harvard University Department of Social Relations

SENSORY FEEDBACK: Richard Chase, Johns Hopkins Univ. Neurocommunications Laboratory

FAMILY AND ADOLESCENCE: George Gardner, Judge Baker Guidance Center

EDUCATION AND SOCIETY: Wilbur J. Cohen, School of Education, University of Michigan

10:30-11 A.M. - Coffee - Ziskind Lounge.

11/10/69

11:00-12:30 - Simultaneous Discussions - (Panel of teachers and audience participation with moderator and resource panelist.)

CHILD DEVELOPMENT:

Moderator: Kevin Murphy, Royal Berkshire Hospital
Resource Panelist: Jerome Kagan

SENSORY FEEDBACK:

Moderator: Barbara Beggs, Columbia University
Resource Panelist: Richard Chase

FAMILY AND ADOLESCENCE:

Moderator: D. Wilson Hess, Gallaudet College
Resource Panelist: George Gardner

EDUCATION AND SOCIETY:

Moderator: Joseph Rosenstein, U.S.Office of Education
Resource Panelist: Wilbur J. Cohen

12:45-2:30 P.M. - Luncheon - Sherman Union

2:30-4 P.M. - Panel Discussion
CHILD DEVELOPMENT, THE FAMILY AND SOCIETY

Moderator: Edgar Lowell, John Tracy Clinic
Panelists: Jerome Kagan
Kevin Murphy
Richard Chase
Barbara Beggs
George Gardner
D. Wilson Hess
Wilbur J. Cohen
Joseph Rosenstein

8:00 P.M. - THE ROLE OF PARENTS

Speaker to be announced.

Co-sponsored by the Horace Mann School for the Deaf Home and School Association.

Tuesday, November 11, 1969

9-10:30 A.M. - EDUCATIONAL INTERVENTION AND CURRICULUM DEVELOPMENT

Chairman: George Fellendorf, Alexander Graham Bell Association for the Deaf

Symposium Speakers:

CURRICULUM:	John Michaelis, School of Education, University of California Berkeley
LANGUAGE LEARNING:	David McNeill, Department of Psychology, University of Chicago
BEHAVIORAL INTERVENTION:	James Holland, Univ. of Pittsburgh; Learning, Research and Development Center
TECHNOLOGY:	James Flanagan, Bell Telephone Laboratories

10:30-11 A.M. - Coffee - Ziskind Lounge

11-12:30 - Simultaneous Discussions - (Panel of teachers and audience participation with moderator and resource panelist.)

CURRICULUM:

Moderator: Sister Marie Suzanne Buckler, St. Joseph Institute for the Deaf
Resource Panelist: John Michaelis

LANGUAGE LEARNING:

Moderator: Jean Utley Lehman, California State College, Los Angeles
Resource Panelist: David McNeill

BEHAVIORAL INTERVENTION:

Moderator: Stephen Quigley, University of Illinois
Resource Panelist: James Holland

TECHNOLOGY:

Moderator: Frank Withrow, U.S.Office of Education
Resource Panelist: Edward David

12:45-2:30 P.M. - Luncheon - Sherman Union

11/11/69

2:30-4 P.M. - EDUCATIONAL INTERVENTION AND CURRICULUM DEVELOPMENT

Moderator: Ross Stuckless, National Technical Institute for the Deaf

Panelists: John Michaelis
Sister Marie Suzanne Buckler
David McNeill
Jean Utley Lehman
James Holland
Stephen Quigley
James Flanagan
Frank Withrow

6 P.M. - Centennial Dinner, Horace Mann School for the Deaf at the Museum of Science

Speaker: Ann Mulholland, Columbia University

Wednesday, November 12, 1969 - A LOOK AT THE FUTURE

9:30-11:30 A.M.

Chairman: George Pratt, Clarke School for the Deaf

CONFERENCE SUMMARY: Harriett Kopp, Detroit Day School for the Deaf

THE ROLE OF GOVERNMENT: Edwin Martin, U.S.Office of Education

THE FUTURE: S. Richard Silverman, Central Institute for the Deaf

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Note: The Simultaneous Discussion sessions will be tape recorded through the cooperation of the New England Materials for Instruction Center.

The Symposium speeches and the afternoon panel discussions will be video-taped through the cooperation of the New England Telephone Company.

VII. DISSEMINATION

A. Interim Report.

One hundred and fifty copies of the Interim Report for 1967-68 were distributed to Federal and State Agencies as well as to individuals, schools and private agencies requesting the report. Among the types of individuals, schools and agencies receiving the report were:

Schools for the Deaf in all New England States
University of Massachusetts, Education Library
University of Massachusetts, Department of Education
Northeastern University
Tufts Medical Center
Massachusetts Institute of Technology
Gallaudet College, Washington, D.C.
Educational Research Information Center, Washington, D.C.
National Association for Retarded Children, New York
John Tracy Clinic, Los Angeles
Detroit Day School for the Deaf
Council of Organizations Serving the Deaf, Washington, D.C.
Advisory Committee, School of Education, Boston University
Guidance Director, Rindge Technical School, Cambridge
Teacher, School for the Deaf, Frederica, Denmark
Psycho-Social Services for the Deaf, Newton, Massachusetts
Boston Guild for the Deaf
Robbins Speech and Hearing Center, Boston
Joseph P. Kennedy Memorial Hospital, Brighton
Ontario Department of Education, Toronto
Department of Education, Connecticut
Senator Kevin Harrington, Salem, Massachusetts

B. Educational Specifications of the New Horace Mann Center.

The supply of copies of the report of the Horace Mann Planning Project was exhausted during the year following the planning year. Therefore, an excerpt of the report dealing with Educational Specifications was prepared for distribution. About sixty-five copies have been distributed to the following types of individuals, schools and agencies requesting them:

Swedish Council for Personnel Administration, Malmo, Sweden
Two schools for the deaf in Denmark
Leadership Training Program in Area of the Deaf, California
Ontario Department of Education, Toronto
Director of Elementary Education, Hingham Public Schools
Assistant Professor, School Library Program, Conn. State College
School of Education Librarian, University of Massachusetts
Guidance Counselor, Rindge Technical School, Cambridge
Rehabilitation Counselors, Massachusetts and Connecticut

C. Visitors to the Center.

Visitors came to the Evaluation Unit to inspect the innovative facilities and also to observe the activities. Visitors included:

Superintendents and Administrators of the Boston School Department
Supervisors of the Massachusetts Bureau of Special Education
Principals and Staff from Schools for the Deaf in Massachusetts
School personnel, Burlington School Department
Professors from Boston University School of Education
Personnel from the Cambridge School of Weston
Audiologist, Children's Medical Center
Groups of nurses and student nurses from Children's Hospital and Massachusetts General Hospital
Teachers from the Perkins Institute for the Blind

Peter Blackwell, Principal, Rhode Island School for the Deaf
Muriel Pronovost, Southern Connecticut State College
Patricia Jensen, Southern Connecticut State College
Marie Mulkern, Speech and Hearing Supervisor, Quincy Public Schools
Dr. Griffin, Director of Pupil Personnel, Quincy Public Schools
Daniel W. Gibbs, Jr., Director of Elementary Education, Hingham Public Schools
Mrs. Simon, Consulting Architect, Regional Centers for the Deaf, Province of Ontario, Canada
Dr. Ladislav Dolansky, Speech Communications Laboratories, Northeastern University, Boston

D. Speeches.

Members of the Project Staff were called upon to talk to many groups, sometimes specifically about the Horace Mann Project and Evaluation Unit and sometimes about the broader topic of hearing impairment, but in which reference to the Horace Mann Project was made to illustrate innovative approaches to the problems of hearing impairment in children and adults. The following is the list of groups to which speeches were given by staff members:

Horace Mann Home and School Association - Wilbert Pronovost
Horace Mann School for the Deaf In-Service Teachers' Meetings (2) - Nancy Miller
Massachusetts Audiology Study Group - Wilbert Pronovost
Tanya MacLennan
Nancy Miller
Rubella Parents' Association - Wilbert Pronovost
Lexington League of Friends of the Speech and Hearing Association - Wilbert Pronovost

Boston University Department of Special Education Colloquium-
 Project Staff
Boston University Class in "Physical Factors in Reading" -
 Wilbert Pronovost
Boston University Class in "Education of the Deaf" -
 Project Staff
Boston University Class in "Psychology of the Deaf" -
 Edward Herbert, Tanya MacLennan, Wilbert Pronovost
Boston University - Boston School for the Deaf, Institute on
 Education of the Hearing Impaired -
 Edward Herbert, Tanya MacLennan, Wilbert Pronovost
Parents' Group of Concord Public Schools Day Class for Pre-
 School Deaf Children - Wilbert Pronovost
Pennsylvania School for the Deaf In-Service Training Meeting
 for Teachers of the School - Sharon Smith
Pupil Personnel Directors of the State of Connecticut in a
 meeting in West Hartford - Wilbert Pronovost

Two presentations by the Project Staff are particularly significant:

April 15, 1969 - Project Director Pronovost used the Horace Mann Evaluation Unit procedures to present a model program for "Pre-School Programs for Children with Communicative Disorders" to the conference of Pupil Personnel Directors sponsored by the Connecticut State Department of Education's Bureau of Pupil Personnel and Special Education Services.

June 29, July 1, 1969 - Clinical Teacher, Sharon Smith, participated in the in-service training of teachers of the Pennsylvania School for the Deaf, focusing on the role teachers can play in the educational evaluation of hearing impaired children with multiple learning and behavior problems. She reported in depth on the procedures of the Horace Mann Title III Evaluation Unit.

E. Creative Education Fair.

The Horace Mann Project participated in the Creative Education Fair exhibiting Title III Projects of the State of Massachusetts, at Boston College, May 13, 14, 1969.

A tutoring booth and a study desk designed specifically for the Horace Mann Project were on display along with charts and photographs of project activities. In addition, kodakrome slides of the project facilities and children's activities were shown. A model of an innovative classroom for the new Horace Mann Center was also displayed.

Three items of equipment, used in the Horace Mann School and Evaluation Unit were demonstrated:

1. The EFI Audioflashcard system adapted for use with hearing impaired children.

2. The Voice Visualizer, a visible speech unit for teaching vowel and consonant articulation to the deaf, with research and development of the unit by Boston University and the Massachusetts Institute of Technology Lincoln Laboratories under a grant from the U.S.Office of Education.

3. The Instantaneous Pitch-Period Indicator, a visible speech unit for teaching rhythm and intonation patterns to the deaf, with research and development of the unit by the Northeastern University Speech Communications Laboratories and the Boston University Section on Communicative Disorders and Children from the Horace Mann School for the Deaf, under grants from the U.S.Office of Education and the Vocational Rehabilitation Administration.

F. Announcements of the Horace Mann Symposium.

Announcements of the Horace Mann Symposium on Deafness have appeared in:

The Volta Review
The Journal of the American Speech and Hearing Association
The Deaf American
The Massachusetts Speech and Hearing Association Newsletter
The Newsletter of the Convention of American Instructors of the Deaf
The Hearing and Speech News

Flyers announcing the Symposium, along with Registration Forms, were mailed to over 1000 administrators, teachers and clinicians in schools for the deaf, day programs for the deaf, university programs for preparing professional personnel in the deaf and in speech and hearing, and speech and hearing clinics. A first announcement was mailed in May, 1969, and a second will be mailed in September, 1969. Copies of the two flyers are included in this sections of the report.

G. Appearance of Project in Films.

The activities of the Evaluation Unit (Title III) were filmed for inclusion in the film series International Education of the Deaf being produced by the Airlee Foundation of George Washington University under a grant from the U.S.Office of Education.

The Project Director was filmed teaching a black deaf child with the Voice Visualizer in the Evaluation Unit facilities for inclusion in the Boston University Charter Centennial Film.

Horace Mann Symposium
THE WORLD OF LEARNING AND DEAFNESS
November 10—12, 1969

CENTENNIAL CELEBRATIONS

The Horace Mann School for the Deaf and Boston University

The Symposium is planned to project thinking into the future of education for the hearing-impaired – infancy through adulthood. Featured speakers from the fields of psychology, education, medicine and technology will interact with educators of the deaf in symposia, panel discussions, and audience participation forums. All sessions will be held in the Boston University George Sherman Union.

November 9 – Reception at The Gardner Museum

November 10 – CHILD DEVELOPMENT, THE FAMILY, SOCIETY

November 11 – EDUCATIONAL INTERVENTION AND CURRICULUM DEVELOPMENT

November 12 – A LOOK TOWARD THE FUTURE

Featured Speakers include:
- Richard Chase, Johns Hopkins Hospital Neurocommunications Laboratory
- Edward David, Bell Telephone Laboratories
- James Gallagher, U.S. Office of Education Bureau of Education of the Handicapped
- James Holland, University of Pittsburgh Learning Research and Development Center
- Jerome Kagan, Harvard University Department of Social Relations
- David McNeill, Harvard University Center for Cognitive Studies
- John U. Michaelis, University of California; Berkeley

Educators of the Deaf include:
- Barbara Beggs, Columbia University
- Robert Frisina, National Technical Institute for the Deaf
- Harriet Kopp, Detroit Day School for the Deaf
- Jean Utley Lehman, California State College; Los Angeles
- Edgar Lowell, John Tracy Clinic
- Kevin Murphy, Royal Berkshire Hospital; Reading, England
- George Pratt, Clarke School for the Deaf
- Stephen Quigley, University of Illinois
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Program Advisory Committee:
- Eileen Connolly
- George Fellendorf
- Patria Forsythe
- Herbert Forsell
- James Gallagher
- Ann Mulholland
- Albert Murphy
- Edith Rosenstein
- Joseph Rosenstein
- Wilbert Pronovost

Attendance by all interested persons is invited. Registration forms may be obtained by writing Horace Mann Title III Project, Horace Mann School for the Deaf, 20 Kearsage Avenue, Roxbury, Massachusetts, 02119. Pre-registration by October 1.

Horace Mann Symposium

THE WORLD OF LEARNING AND DEAFNESS

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Barbara Beggs, Columbia University Department of Special Education
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George Gardner, Judge Baker Guidance Center
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Jerome Kagan, Harvard University Department of Social Relations
Edgar Lowell, John Tracy Clinic
Kevin Murphy, Royal Berkshire Hospital, Reading, England
Joseph Rosenstein, U. S. Office of Education

November 11—EDUCATIONAL INTERVENTION AND CURRICULUM DEVELOPMENT

Sister M. Suzanne Buckler, St. Joseph Institute for the Deaf
Edward David, Bell Telephone Laboratories
James Holland, University of Pittsburgh Learning Research Center
Jean Utley Lehman, California State College; Los Angeles
David McNeill, University of Chicago Department of Psychology
John Michaelis, University of California; Berkeley
Stephen Quigley, University of Illinois
Ross Stuckless, National Technical Institute for the Deaf
Frank Withrow, U. S. Office of Education

November 12—A LOOK TOWARD THE FUTURE

James Gallagher, U. S. Office of Education
Bureau of Education of the Handicapped
Harriet Kopp, Detroit Day School for the Deaf
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VIII. MISCELLANEOUS

A. Absorption of Project Activities by the Horace Mann School for the Deaf - Boston Public Schools Budget:

As a result of the project activities during the current year, the need for a class for hearing impaired (deaf) children who are also mentally retarded was identified in the population children being evaluated. A pilot class for retarded deaf children was conducted by the Title III Project for six months. The success of this project has resulted in the establishment of a special class for retarded deaf children in the Horace Mann School for the Deaf in the regular school budget.

The reduction of anticipated funds for the third year of the operational project required an examination of the services which could be absorbed by other funds, or which would need to be curtailed. The City of Boston assumed responsibility for the salaries of the Project Nurse and custodial services for the future. In addition, the Clinical Teacher for language disorders in the Evaluation Unit has been assigned to one of the vacancies on the teaching staff of the Language Disorders Department of the Horace Mann School for the Deaf. Her teaching will be closely correlated with the Educational Programming aspect of the Title III Project to maximize the utilization of services to the children in her class.

B. Proposals for Future Funding:

Discussions have been initiated toward continuation of the Evaluation Unit program on an expanded basis, with funding through the City of Boston and reimbursement of the city by the Bureau of Special Education of the State Department of Education, as provided by law.

The proposal involves continuation of sub-contractual arrangements with the Boston University Department of Special Education for coordination of services and provision of certain University personnel for services to children in the Horace Mann Evaluation Unit. The Boston University employee responsible for the Evaluation Unit will be responsible to the Administrator of the Horace Mann School for the Deaf. Personnel of the Unit whose positions are comparable to those existing in the Boston School Department would be hired by the Boston School Department and assigned to the Evaluation Unit. Whenever possible, new job descriptions will be developed for new types of positions in the Boston School Department for assignment to the Evaluation Unit. In general, only those positions related to direction and coordination of the Evaluation Unit and services more readilt available from University personnel would be subcontracted to the University. This arrangement is particularly necessary when certain Univeristy personnel with special skills required by the Evaluation Unit can be provided on a part-time basis under the administration of the coordinator of clinical services who would be a Boston University employee. It is anticipated that arrangements can be made for continuation of the Evaluation Unit on a permanent basis beginning in September, 1969.

This arrangement is indicated because of the success of the involvement of Boston University in the planning and operational phases of the Horace Mann Title III Project and the realization of the values of continued University involvement to obtain certain benefits and services which the University is best equipped to offer.

C. Involvement of University Students:

As a result of Boston University involvement at the Horace Mann School for the Deaf, students were assigned to the school for student teaching and also clinical practicum in the Evaluation Unit.

Student Teaching	- 7 Undergraduate Students in Speech and Hearing
Evaluation Unit	- 1 Graduate Student - Language Disorders 1 Graduate Student - Program for Hard-of-Hearing 2 Graduate Students- Audiological Services

D. Meetings Attended:

Institute on Hearing Impaired, Waltham, Massachusetts - Entire Staff
Massachusetts Parents Association for the Deaf and Hard of Hearing - Wilbert Pronovost
American Speech and Hearing Association Convention, Denver- Nancy Miller and Wilbert Pronovost
Council of Organizations Serving the Deaf, New Orleans - Susan Bass
Institute on Aphasia, Concord, Massachusetts - Peggy Kelso, Tanya MacLennan
American Orthopsychiatric Association, New York - Sharon Smith
Advisory Committee on Films on *International Education of the Deaf*, Airlie, Virginia - Wilbert Pronovost

IX. CONCLUSIONS AND RECOMMENDATIONS

A. Effect of the Project on Clientele:

1. An accumulation of all previous educational and medical data was organized for a complete study of a child.
2. There was an investigation of home, parental attitudes and management coupled with parent counseling.
3. Extra curricular activities in the form of art classes, sewing classes, summer camps, etc., were established for several children.
4. There was an in-depth study of each child's learning habits through diagnostic teaching with recommendations for curricular changes.
5. There were ongoing parent and teacher contacts.
6. Inter-agency contacts were maintained for complete sharing of information, impressions and recommendations concerning a child.
7. Complete audiological evaluations including hearing aid recommendations and follow-up were provided for each child in the Horace Mann School.
8. A group of children with multiple handicaps, i.e. deafness, retardation and learning disability, were provided a new experimental program in the newly renovated and equipped classroom of the Title III Project. Progress was noted in these children in both academic and psycho-social areas.
9. Consultation was provided in relation to educational programming, evaluation and equipment to some public school pre-school classes for the deaf in neighboring towns.
10. A cooperative program for deaf adults, in conjunction with the Speech and Hearing Foundation - a non-profit agency financing most of the services - resulted in an increase in the number of deaf adults enrolling for adult education courses. Educational counseling was provided for a group of deaf adults. Part of the program involved a course to prepare deaf adults for the postal service examination. Deaf adults qualified for postal service jobs, opening a new avenue of employment. This aspect of the program was partially financed by the Massachusetts Rehabilitation Commission.

B. Results Which Exceeded Expectations:

1. An experimental class for retarded deaf children was established and operated successfully.
2. A protocol was established for evaluation of children previously placed in Language Learning Classes, with new guidelines developed for accepting new children into such a class.
3. Success in educational placement of children in appropriate classes throughout the state in cooperation with Miss Marianne McKeon, Supervisor of Classes for the Deaf, State Bureau of Special Education.

4. The definition of new areas of studying deaf children not previously considered. (Retardation, emotional disturbance, learning problems.)
5. Excellent rapport was established with public school systems in the Metropolitan Boston area.
6. The broadening of the curriculum of the Horace Mann School in the areas of retardation and learning problems in multiply handicapped deaf children.
7. The excellent team approach that developed within the Evaluation Unit staff.
8. The cooperation of special teachers within the school - art, homemaking, woodworking and cafeteria personnel in providing programs for children referred by the Evaluation Unit.
9. The scope of the Adult Education program for the deaf and the number of deaf adults served, primarily through private funds in cooperation with the Title III Project.
10. The cooperative planning with a community committee of a broadly-based special education program for the new Washington Allston Elementary School to be constructed in conjunction with the new Horace Mann Center.
11. The format of the Symposium on Deafness to be held in November, 1969, is more innovative and stimulating than most conferences tend to be. This format was developed by a national advisory committee planning the Symposium.

C. Results Not Up to Expectations:

1. Follow-up procedures for children evaluated in the past are weak.
2. Communication between the Project Staff and teachers of the Horace Mann School is unsatisfactory from the point of view of both the staff and teachers. There is insufficient, and sometimes almost non-existent, involvement of teachers in the evaluation process or in the implementation of recommendations for children in their own classrooms whom have been referred to the Evaluation Unit.
3. Not enough time could be devoted to assisting existing pre-school day classes in other public school systems with evaluation of children and consultations, as originally planned.

D. Effect on Educational Institution:

1. A class for deaf retarded children has been established and will become a part of the Horace Mann School for the Deaf on a permanent basis with local funds in September, 1969.
2. The school has established a class for pre-school hard-of-hearing children and will provide a tutor for them when they are in regular kindergarten classes next year.

3. Individualized programs have been devised for deaf children with multiple problems.
4. Consultant Services were provided for teachers through in-service meetings.
5. Younger children with special needs are enrolled in supplementary programs with the special teachers - art, shop, homemaking, physical education.
6. Specific diagnostic tools and criteria have been developed for classes of children with learning problems.
7. Plans for a broadly-based special education program were developed by the community-school group planning a new elementary school to be constructed adjacent to the new center for the deaf.
8. Public school space was provided for a program of adult education for the deaf.

E. Recommendations.

Several recommendations have been made throughout sections of this report and need not be repeated here. However, the major recommendations will be summarized here, along with detailed recommendations for the incorporation of the Evaluation Unit into the Horace Mann School on a permanent basis beginning in September, 1970.

1. It is recommended that provisions be made to increase the interaction of classroom teachers and staff members of the Evaluation Unit. This entails:

   a. Released time for a teacher to participate in the evaluation processes in the Evaluation Unit for children whom she referred.

   b. Released time for a teacher to participate in staff meetings to develop recommendations for children who are enrolled or might be enrolled in her classroom.

   c. Involvement of members of the Evaluation Unit staff within the classrooms of children referred for evaluation so that a child's actual classroom performance may be evaluated.

   d. Provision of supplemental assistance for the teacher and child by members of the Evaluation Unit staff both within the classroom and the evaluation unit.

   e. Provision for conferences of the teacher and Evaluation Unit staff with parents.

The critical aspect of implementation of this recommendation is the staff and logistics required to release a teacher to participate in activities related to one child while instruction is maintained for the rest of the class.

2. Provision must be made to improve the quantity and quality of educational evaluation and programming for hearing impaired children with a variety of complex learning, behavior and communicative problems. Implementation of adequate programs for these children requires:

   a. Revision of University programs for preparing teachers of the hearing impaired to prepare teachers to participate as members of diagnostic and evalutive teams and to adapt teaching procedures to the individual needs of children with multiple learning, behavior and communicative problems.

   b. Expansion of comprehensive educational evaluative services within the Horace Mann Center and in other clinical and educational facilities. It is unrealistic to expect the new Horace Mann Center to provide all services for all children in Eastern Massachusetts. Planning for such services must be undertaken at the level of the Massachusetts State Department's Bureau of Special Education in cooperation with the State Advisory Council on Education of the Deaf. A state-wide program for hearing impaired children, with the type of multiple problems identified in previous sections of this report, is imperative.

3. Absorption of the Horace Mann Title III Project Evaluation Unit into the permanent organization of the Horace Mann School for the Deaf effective September 1, 1970:

The operation of the Title III Project since 1966-67 indicates the necessity of continuing the activities of the Evaluation Unit as a permanent part of the Horace Mann School for the Deaf and of the new Allston-Horace Mann Complex to be constructed in the Allston-Brighton area. It is proposed that the Evaluation Unit be operated as a joint project of the Boston Public Schools and Boston University by subcontracting the administration and coordination of the unit, plus the psychological services, to Boston University with the major portion of the staff hired by the Boston Public Schools. The purpose of subcontracting is to maintain the advantages of University involvement which have been successfully developed during the years of the Title III Grant.

Budget proposed for 1970-71: (It is recognized that these funds will be reimbursed 100% to the City of Boston by the State Bureau of Special Education.) (Most of these positions are new types of positions not currently listed for City of Boston Personnel.)

New City of Boston Positions:	
a. Educational Audiologist	$12,000
b. Two Clinical Teachers @ $9,000	18,000
c. Secretary	5,500
d. School Social Worker	10,000
e. School Nurse (Half-time)	5,000
f. Audiometric Technician (Half-time)	3,500
g. Pediatrician (1/10 time)	1,500
	55,500
Fringe Benefits (10%)	5,550
Supplies, Telephone and Travel	2,000
Boston University Positions:	
a. Administrator (Half-time)	11,500
b. Coordinator of Services	11,500
c. Psychologist	15,000
	38,000
Fringe Benefits (10%)	3,800
Administrative Costs (30%)	11,400
TOTAL	$116,250

The Administrator of the Evaluation Unit will function as as Assistant to the Principal of the Horace Mann School for the Deaf, and shall administer all services to children as well as management of budget and facilities assigned to the unit. He shall supervise and coordinate the activities of the Evaluation Unit Staff hired by Boston University or assigned to the Unit by the Principal of the School. He shall have responsibility for maintaining contact with all City of Boston School Departments who may become involved with children enrolled in the Evaluation Unit.

In order to implement the proposed program, it will be necessary to institute certain modifications of the hiring practices for the Evaluation Unit staff.

Boston University personnel are hired following submission of curriculum vitae (academic and experience), letters of recommendation, interviews with professors in the field of specialization, and review of all applicants by the Dean's Advisory Committee on Appointments and Promotions. On the basis of this review, recommendation for appointment is made to the President and Board of Trustees of the University.

Because of the scarcity of qualified personnel for the positions outlined and the need for flexibility in recruiting, hiring and examining a limited number of candidates who often apply at a late date, a modification of hiring practices by the City of Boston is recommended. It is recommended that recruitment of personnel be carried on simultaneously by Boston University, the Principal of the Horace Mann School for the Deaf and the Board of Examiners of the Boston Public Schools.

Since it is doubtful that sufficient candidates could be recruited in time to follow the usual procedure of examinations in December or March for September appointments, and because many candidates take other positions because of delays in notification of appointment, often at only a provisional salary, a modified procedure is recommended.

It is recommended that candidates submit transcripts, experience vita, and letters of references, to be followed immediately by interviews by the Principal of the Horace Mann School, the Administrator of the Boston University program and a member of the Board of Examiners. The academic and experience record must meet the requirements of one of the state or national accrediting agencies, namely, the Massachusetts Bureau of Speech Education, The Council on Education of the Deaf, the American Speech and Hearing Association, or other accredited agency. Upon recommendation of the interviewers (and satisfactory records as previously described) a candidate should be given a one-year interim appointment at full salary commensurate with training and experience subject to satisfactory completion of examinations taken at the earliest available examining period. New specialized examinations must be prepared and graded for all positions not currently in existence in the Boston Public Schools. Job descriptions should be developed to aid in the preparation of these examinations. Failure to pass these examinations will result in dismissal at the end of the interim year of appointment.

Boston University will make every endeavor possible to assign student teachers to the Horace Mann School to increase services to children, to provide for in-service training for teachers in the school, and to seek funds for research and innovative projects.

APPENDICES

APPENDIX A - Relationship Between the Horace Mann School for the Deaf and the New Allston Elementary School

APPENDIX B - New Washington Allston-Horace Mann Schools Revised Specifications for Evaluation and Individualized Services Unit (July, 1969)

APPENDIX A

RELATIONSHIPS BETWEEN THE HORACE MANN SCHOOL FOR THE DEAF and THE NEW ALLSTON ELEMENTARY SCHOOL

Second Draft - - - January 20, 1969

COMMITTEE ON SPECIAL EDUCATION

ALLSTON ELEMENTARY SCHOOL PLANNING PROJECT

under the aegis of the

Educational Planning Center

Boston Public Schools

Note: Produced as a result of committee planning discussions as a draft document for discussion only.

RELATIONSHIP BETWEEN THE HORACE MANN SCHOOL FOR THE DEAF AND THE NEW ALLSTON ELEMENTARY SCHOOL

Two new schools are being planned for Allston. They are a new elementary school to replace the Washington Allston, the Jackson and Taft colony and a replacement for the Horace Mann School to provide a school for deaf children from Boston and surrounding communities.

It has been the intent of the Horace Mann Planning Project including Boston Public School officials to build the new Horace Mann School for the Deaf in conjunction with a new school for normal hearing students. The two schools would be separate but would cooperate in the education of both hearing and deaf students.

Representatives of the Horace Mann Planning Project, at the invitation of the Educational Planning Center, have been attending the meetings of the Committee on Special Education formed for the new Allston elementary school. The relationship of the Horace Mann School to the new elementary school has been discussed by this committee and the conclusions have been put in the form of the proposal outlined below.

It is the belief of the Committee that the two schools ought to be built on the same site, adjacent to each other and sharing certain common facilities, yet built as separate facilities.

We share with the Horace Mann planners the conviction that deaf children must not be isolated and that every child, whether hearing or deaf, should be given equal opportunity to obtain an equal education. This is the basic philosophy underlying this proposal.

In addition, locating these two schools next to one another on the same site will bring several distinct advantages to the children of the new elementary school and to the total Allston community as well:

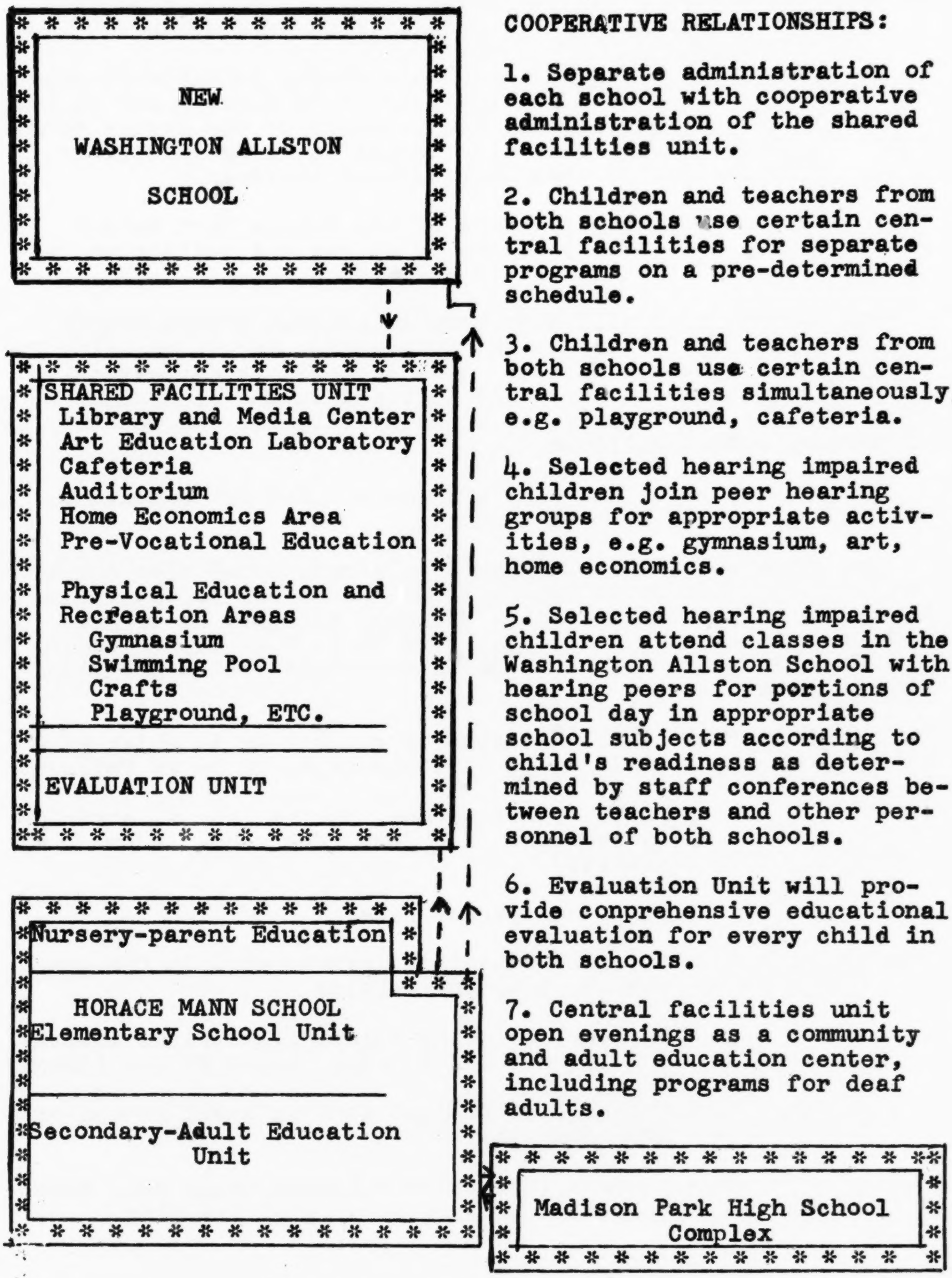
Mutual benefits to both schools fall into three catagories:

1. The inclusion of special central facilities such as recreation space, library and media center, and special instructional areas for use by the students and staff of both schools and facilities for use by parents for community activities and adult education programs.

2. The expansion of the Evaluation Unit of the Horace Mann School to provide comprehensive educational evaluation and health services for every child.

3. The interaction of deaf and hearing children, especially in recreation and extra curricular activites and in certain academic areas also.

The following diagram presents schematicly the cooperative relationship between the two schools located on the same site with shared facilities.


NEW
WASHINGTON ALLSTON
SCHOOL
SHARED FACILITIES UNIT
Library and Media Center
Art Education Laboratory
Cafeteria
Auditorium
Home Economics Area
Pre-Vocational Education
Physical Education and
Recreation Areas
Gymnasium
Swimming Pool
Crafts
Playground, ETC.
EVALUATION UNIT
Nursery-parent Education
HORACE MANN SCHOOL
Elementary School Unit
Secondary-Adult Education Unit
Madison Park High School Complex

COOPERATIVE RELATIONSHIPS:

1. Separate administration of each school with cooperative administration of the shared facilities unit.

2. Children and teachers from both schools use certain central facilities for separate programs on a pre-determined schedule.

3. Children and teachers from both schools use certain central facilities simultaneously, e.g. playground, cafeteria.

4. Selected hearing impaired children join peer hearing groups for appropriate activities, e.g. gymnasium, art, home economics.

5. Selected hearing impaired children attend classes in the Washington Allston School with hearing peers for portions of school day in appropriate school subjects according to child's readiness as determined by staff conferences between teachers and other personnel of both schools.

6. Evaluation Unit will provide conprehensive educational evaluation for every child in both schools.

7. Central facilities unit open evenings as a community and adult education center, including programs for deaf adults.

Special Central Facilities. Construction of the new Horace Mann School adjacent to the new Allston elementary school would bring to the elementary school and to the community more and better recreational, instructional, and community facilities than normally available for a single elementary school.

The Horace Mann program includes a strong emphasis on physical education and recreation activity, both outside and in the gymnasium and swimming pool. The presence of the Horace Mann School enhances the chances of bringing these facilities to Allston for use by the elementary school children.

In the same way, the presence of the Horace Mann School would enhance the quality of the cafeteria and auditorium facilities provided for the elementary school.

The central unit will also contain special instructional areas, primarily for use by the Horace Mann School but also for use by the elementary school. Home economics and pre-vocational instruction are not normally included in the elementary program: however, their presence opens up this new resource to the elementary school children.

There would be a full-time art teacher and art education laboratory for use by both schools.

The library-media center would be strengthened also due to the fact it would serve not only the elementary population but the Horace Mann students also. Not only would it be larger with more volumes, but it could have in it much better audio-visual equipment and instructional materials then might otherwise be possible.

In the central unit, the types of activities in which students from both schools could participate would be as follows:

social	- plays, performances, movies, shows, exhibits (by students or others, for students and adults.)
	- lunch and parent teas
recreational	- physical education, games, etc. in the gymnasium, pool and outside
academic	- reading, watching films, filmstrips, listening to records or tapes, etc., in the library
	- independent project work in small groups or independently
	- classes in special subjects, e.g. art, home economics and pre-vocational training

evaluation - hearing and vision testing
- reading and achievement testing
- assessment of intellectual and psycho-social functioning

In addition to the excellent recreation and academic facilities for the use of the students in the central unit, there also would be facilities for community programs and adult education. The auditorium would be such as to encourage use by community groups and parents. The Horace Mann School stresses parental participation. It is central to evaluation and treatment of deafness. Because the school is a city-wide and regional one, it must make special accomodations for visiting parents. The elementary school should have facilities to encourage parent participation also. Thus, an extensive community program will be possible through sharing facilities located in the central unit. We feel that recreational facilities should be open to the public for adult and community activities.

Evaluation and Assessment: By association with the Horace Mann School, children in the Allston elementary school would have access to comprehensive educational evaluation, including reading and achievement testing and assessment of intellectual and psycho-social functioning. The Evaluation Unit would also provide on-going counseling for those children who need it. This is being done on a pilot basis at the present Horace Mann School and is being recommended by leading educators throughout the country for all students at the elementary level.

We feel that the Evaluation Unit of the Horace Mann School should be broadened and enlarged to provide these services as a matter of course for every child in the new elementary school as well as for deaf children.

Through such evaluation, special individual needs could be identified early and early remedy sought - whether through the school. the home or the hospital. Normal students would have the assurance of annual testing and check-ups. Teachers would have the benefit of much more information about each student, thus allowing teachers to prescribe individual programs leading to the development of individual potential. With expansion of the Horace Mann evaluation program into the central facilities unit, Allston's new elementary school could have the finest evaluation unit of any school in the City. We feel that this should be done.

Interaction of Deaf and Hearing Students: No student can afford to grow up in isolation. It is the goal and the responsibility of all education to broaden horizens and expand outlooks. We feel that this is true for not only the deaf children but for all children.

Association of the Horace Mann School with an elementary school for hearing children would end the indefensible isolation of deaf children from the mainstream of society in which they must eventually function.

At the same time, it would offer to the children of the elementary school an exposure to the problems of others that should be valuable in terms of their educational understanding of individual differences; sensitivity toward others; awareness of problems encountered by other children; etc.

Interaction between deaf and hearing students would take place in two types of situations: a) in activities outside of class, generally in the central facilities unit, and b) from time to time, in classrooms for instruction.

The central facilities to be shared by students of both schools include complete recreational facilities, cafeteria and auditorium facilities, library and independent project or study spaces, etc. Students from both schools could participate freely and easily in activities in the central unit.

We do not anticipate that the elementary students will receive any instruction in the Horace Mann classrooms, although the reverse will be true at times. The criteria for including a deaf child in a normal elementary classroom will be that child's ability to function in a hearing environment and at the appropriate intellectual and activity level of the elementary class. Before this is done, the teachers from both schools concerned will have an opportunity to discuss the student's needs and plan together and participate together in on-going re-evaluation.

For this cooperative relationship to work successfully, several provisions need to be made in the elementary school:

a. smaller classes; in order to accomodate deaf children from time to time. The average class size in the elementary school should be no greater than 23.

b. trained specialists assigned to the school to assist teachers in meeting the individual needs of exceptional students and students with special learning difficulties.

c. teacher aides or paraprofessionals to assist teachers in the classroom and to relieve them of certain extra duties outside of the classroom.

d. released time to allow teachers to plan and confer with the specialists, the evaluation unit, and teachers of the Horace Mann School.

e. provision for in-service training of teachers of the Allston elementary school in the management of deaf children in a hearing classroom.

With the construction of these two schools, both utilizing the best of modern technology and educational theory, Allston will be blessed with two fine adjacent and mutually reinforcing schools. There are few communities in the nation that can boast such a cooperative relationship between two fine schools, one primarily for the children of local residents and the other for deaf children from a much wider community. Allston thus could well become the center of city-wide and nationwide attention and acclaim.

Therefore, for the reasons outlined above, the Special Education Committee feels strongly and unanimously that the Horace Mann School and the new Allston elementary school should be located on the same site with connecting central facilities to be used by both schools and the community.

In conclusion, some further indication of how we envision the mechanics of the cooperative relationship is in order:

Construction: The two schools are regarded as separate planning projects, and it is likely that the two schools will be constructed separately with the central facilities unit assigned to one school or the other (for purposes of construction only). At this date, considerably more planning has been undergone with regard to the Horace Mann School than for the new elementary school. However, both schools should be ready for construction at the same time and therefore for opening at the same time.

Administration: Each school will have its own principal, administrative organization and staff. The central facilities unit will be administered jointly by special staff assigned either to the Horace Mann or Allston School (for pay purposes only), but all central facilities will be open to both schools on an equal basis.

Financing: Since the State contributes sunstantially more of the construction, capital and recurrent expenditures for the Horace Mann School than for the elementary school, negotiations with the State will have to take place to determine how the central facilities unit is to be budgeted.

Community Involvement: We assume that local residents will make frequent use of the community and recreation facilities for a variety of community, educational and civic avtivities. However, especially because of the regional and city-wide nature of the Horace Mann School, we recognize the need to extend the use of the facilities and participation in all activities to the parents and friends of all Horace Mann students as well, even though they are not residents of Allston. (This goes without saying also for the parents of children attending the Allston School from out of district through open enrollment.)

Criteria for Site: There is another committee working on site, and we do not presume to duplicate their work. However, this proposal should be of considerable importance to them in attempting to identify potential sites. Therefore, let us close by reminding them that we would like a site large enough to adequately accomodate both schools and all the activities outlined above. In addition, because of the regional and city-wide nature of the Horace Mann School and the extensive parental and community participation in adult and school activities anticipated for both schools, we hope that the site will be one easily accessible to major transportation lines.

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APPENDIX B

NEW WASHINGTON ALLSTON-HORACE MANN SCHOOLS
Revised Specifications
for
Evaluation and Individualized Services Unit
Draft Proposal - - July, 1969

Objectives:

1. To provide comprehensive educational evaluation and assessment for individuals with learning, behavior or communicative disorders - infancy through adulthood. (This unit will be concerned on a district basis with learning disorders, behavior problems, speech disorders and mental retardation and with auditory disorders on a regional basis.) Testing will be conducted on a city wide basis.)

2. To provide health services by a physician and a nurse, including specialists in hearing, vision and mental health, in order to evaluate the causative conditions and advise patients as to treatment and prognosis.

3. To provide counseling and referral services to assist exceptional children and their families in obtaining appropriate services in schools, medical centers and agencies.

4. To provide individualized educational and counseling services when such services are not available in other settings. For children in the Allston and Horace Mann Schools, the Unit will coordinate all individualized services provided by the Evaluation Unit staff or by personnel from the various Special Services sections of the Boston Public Schools.

5. To provide trial educational programming as a basis for determining a child's patterns of learning, behavior and communication and the most appropriate educational procedures to meet the child's (or adults's) individual needs.

6. To provide ongoing contact with the educational setting in which a child is placed, through teacher consultations and demonstrations of teaching procedures, so that the educational setting can meet the child's individual needs.

7. To provide periodic reevaluations and follow-up services in order to determine the efficacy of recommended programs and to suggest modifications of educational and counseling programs as indicated by the reevaluations.

8. To make the above services available to children in several educational settings:

   a. Testing of hearing on a city wide basis.
   b. Comprehensive evaluation of hearing impaired individuals on a regional basis. (Eastern Massachusetts)

c. Evaluation of children with learning and behavior disorders for the new Allston School and the Allston-Brighton school district.

Assumptions:

1. Comprehensive evaluation procedures involve the interprofessional cooperation of educational and medical personnel including clinical teachers (mental retardation, emotional disturbance, learning disorders, communicative disorders) psychologist, audiologist, otologist, opthamologist, nurse, social worker, guidance and rehabilitation counselor, etc.

2. Some of the individuals with learning, behavior and communicative disorders referred to the Unit will have previously participated in assessment programs of medical centers, schools, and community agencies.

3. Coordination with referring agencies will be maintained by appropriate medical and educational personnel of the Evaluation Unit.

4. Referrals to the evaluation unit may occur through a variety of sources, including:

   a. Referral to School Nurse and Otologist for hearing testing, examination and recommendations.

   b. Referral to Principal of Allston School for educational problems or placement.

   c. Referral to Principal of the Horace Mann School for the Deaf for educational placement.

   d. Referral directly to the coordinator of services of the evaluation unit by other schools or agencies.

   e. Self-referrals by parents of exceptional children or of hearing impaired adults directly to the evaluation unit.

5. Specific evaluation procedures and individualized services will vary according to individualized needs and the information provided by referral sources.

6. Evaluation is an ongoing process. Periodic reevaluations are required to determine progress and need for changes in educational programming or placement.

7. Individualized services in the form of counseling, academic tutoring and development or refinement of communicative skills may be required by many children or adults who are not participating in any of the educational programs of the Horace Mann School or the Allston School.

8. A teacher of the Allston or Horace Mann School will be freed from classroom responsibilities when necessary to participate in the evaluation of a child she has referred to the Evaluation Unit.

Activities of Children, Parents or Hearing Impaired Adults and Staff:

1. Parents, children or adults will enter unit through a reception area and lounge. Receptionist will check appointments, etc.

2. Parents and children will remain in lounge area until called for appointment. Children may play in area adjacent to parents' lounge. Parents may remain in lounge area (siblings may remain in play area) while child is being seen for professional services in unit.

3. An adult may remain in the lounge area while awaiting appointment for professional services.

4. Children or adults will participate in individual evaluation by a psychologist, physician, counselor or clinical teacher in evaluation rooms.

5. Children or adults will participate in individual evaluation by an audiologist in a two-room sound-controlled audiology suite. A reception area with play materials outside the psychological and audiological evaluation rooms is desirable.

6. Parents or hearing impaired adults will confer with appropriate staff members - social worker, psychologist, audiologist, nurse, otologist, counselor, clinical teacher, etc. in individual counseling rooms.

7. Children, parents or adults will participate in individual tutoring or counseling in individual tutoring-therapy rooms.

8. Children may participate in a variety of educational activities in an educational programming classroom, containing several areas for different activities.

9. Observations of selected activities will be made by one-way vision observation windows or closed-circuit television by parents, teachers, students and researchers.

10. Children and adults may receive audiometric testing, otological examinations and appropriate school health services in the health service area.

11. Children may receive some services from students from affiliated colleges and universities under supervision of the Center Staff.

12. Staff members may demonstrate procedures to students.

13. Staff conferences will be held to develop recommendations for programs and referrals.

14. Research activities may involve individuals enrolled for Center services.

Personnel:

Coordinator of Services
Receptionist
  One for appointments and inquiries
  One for evaluation and play areas
Psychologists (Educational, Clinical, Counseling)
Audiologist
Clinical Teachers (Several required. Combined staff should have preparation and experience in diagnostic teaching, speech pathology and teaching of deaf, retarded, disturbed and learning disordered children.)
Nurses
Otologist
Social Worker
Guidance Counselor
Rehabilitation Counselor
Medical Consultants in Ophthamology, Pediatrics, Neurology and Psychiatry
Special Educational Consultants in Speech Pathology, Emotional Disturbances, Physically Handicapped, Remedial Reading, Mental Retardation and Learning Disorders
Secretaries
Aides for Educational Programming Classrooms
Custodians

Facilities: (Estimated Square Footage 15,000)

Reception Area and Lounge
  Reception desk and counter
  Parents' lounge area with rest rooms
  Children's lounge and play area

Coordinators Office
Secretarial Office and Records Room
Staff Conference Room
Evaluation Room - Psychological (more than one required)
  Testing table for children with chairs and platforms
  Testing table for adults
  Open area for children
  Storage for testing materials
Evaluation Room - Clinical Teachers (more than one required)
  (Same as Psychological Rooms)

Audiology Suite
  Commercially available two-room sound-controlled suite-
  Overall dimensions 10'x19' (Can be moved from present school)

Office-Counseling Rooms for
  Psychologist
  Social Worker
  Audiologist
  Counselors
  Speech Pathologists

Office-tutoring rooms for Clinical Teachers

Unassigned Counseling Rooms for consultant staff and students' use with children and adults.

Unassigned Tutoring-Therapy Room for consultant staff and students' use with all children and adults. Children's chairs on platforms to level of teacher's table. Area for children to engage in physical activity. Some rooms should be large enough for small groups of 3 or 4 children.

Educational Programming Classroom (4 required). One should be at nursery level.
  Group Teaching Area
  Multi-purpose Area
  Individual Study Desks Area
  Individual Tutoring Area

Observation - provision is needed for closed-circuit television and some one-way vision observation in all areas of this unit.

Health Services Unit
  Nurse's Room - Health Services
  Nurse's Office with counseling area
  Medical Examination Room
  Office for Otologist and Consultant Medical Staff
  Hearing Testing Suite - sound controlled
  Vision Testing Area

Equipment Storage - Substantial space needed

Supplies Storage - Substantial space needed

Custodial and Maintenance Areas

Implementation of the Program:

The program of the Evaluation Unit is focused on the child and his teacher. The function of the Evaluation Unit is not to test a child to give him a label corresponding to a single disability; rather it is focused on providing the teacher with whatever assistance she may need to deal with the child's special problems within the classroom setting, to porvide the child with whatever supplemental out-of-classroom help he needs to cope with the classroom program, and to provide his parents with whatever counseling and guidance they may need to understand the child's problems and create the most conducive home environment for his learning and adjustment. The child may not have a single problem, but a combination requiring the consultation of, if not indivdual services from, more than one educational specialist. For example, a perceptually handicapped child may have an accompanying articulatory (speech) disorder along with his learning disability and a resultant emotional or behavior problem for which the teacher and parents may need guidance in its management.

The implementation of a program for such a child requires a team of specialists who must be in constant communication with each other, the child's teacher, and, if necessary, his parents. The activities of the team must be coordinated by one member to maintain consistency of relationship with the child and his parents. The child's teacher must be a functioning member of the team.

For the Allston-Horace Mann Schools (other schools in the Allston-Brighton area could be included if this is desired), it is proposed that a child be referred to the Evaluation Unit by the principal at the request of the teacher, whenever a teacher has questions about, or wishes assistance with, a child's learning, behavior or communication. The teacher will provide the coordinator of clinical services with the questions she has about the child. The coordinator will assign the school social worker to contact the parents, obtain signed releases and obtain all records about the child pertinent to the requested evaluation. The records will then be reviewed by the Evaluation Unit staff members most likely to be involved in the earlier stages of the evaluation, followed by a conference of these members and the child's teacher to outline a course of action. Among the actions which may be suggested are:

1. Individual evaluation of the child by specific specialists of the team. For example, the perceptually handicapped child mentioned earlier might be given a battery of formal and informal tests by the psychologist, the teacher of perceptually handicapped, the remedial reading teacher, the speech pathologist, with possible audiological testing and referral through the nurse for pediatric-neurological examination. Only testing for which results are not available in the records, or about which there are still questions, would be conducted. The latter is more necessary than is sometimes believed, because children evaluated in an educational setting by an interprofessional team do not reveal the same abilities, behaviors and disabilities as reported in the testing done by a single specialty.

2. Observation of the child in his classroom by appropriate members of the Evaluation Unit team.

3. Temproary enrollment of the child in an evaluation unit classroom for more controlled observation, evaluation and trial teaching than is possible in the child's regular classroom.

4. Interviews with parents to obtain more information about the child in out-of-school situations. These interviews might occur in the school or on the home.

5. Staff conferences on the results of preliminary evaluations to identify major aspects of the problem and indicate further individual or classroom evaluations as desired, as well as to indicate outside agencies to which referrals should be made.

6. Provision for trial teaching, tutoring or therapy as part of the evaluation process to determine a child's response to remedial or therapeutic programs.

7. Staff conferencing to review findings of the evaluation team and recommend an educational porgram. Possible recommendations include:

   a. Suggestions to the classroom teacher for management in the regular classroom with consultation from appropriate specialists of the evaluation team.

   b. Supplemental assistance outside the classroom by appropriate specialist or specialists. The number of specialists actually working with a child at any one period of time should be limited - one or two at the most, with other specialists providing consultation. In the example cited above, the teacher of the perceptually handicapped could work with the child with consultation from the remedial reading teacher, the speech pathologist and the psychologist.

   c. Ongoing counseling and guidance for the child's parents on an individual or group basis.

   d. Referral of the child and/or parents to an outside agency for supplemental assistance.

   e. Transfer of the child to another educational setting, with follow-up provided by the evaluation unit staff.

This proposed procedure is focused on the child, bringing together all necessary professional personnel within the child's own school and coordinating recommendations through his teacher. Such a procedure will require considerable flexibility in the administrative and organizational processes for implementation. Some procedures and processes may differ from those of the usual channels of a large school system. In order to provide for flexibility and for the possibility of trying new approaches, it is recommended that the administration of the Evaluation Unit and the coordination of services, plus provision for certain consultative services, be contracted to the Boston University Department of Special Education of the School of Education. The administrator would probably be a half-time position, the coordinator of clinical services a full-time position, and the consultants quarter-time positions. As much as possible, the remaining staff members should be employees of the Boston Public Schools, assigned to the Evaluation Unit on full-time or part-time bases by the departments responsible for the type of services rendered, but functioning as far as services to the children are concerned through the coordinator of clinical services. The administrator of the Evaluation Unit would be responsible to the principals of the Allston-Horace Mann Schools, or such other Boston School Department administrator as may be designated.

Implementation of the type of program described will require attention to the in-service training of teachers and to the training of future teachers and specialized school personnel. Affiliation with Boston University would make possible the provision of such in-service training of teachers within the Allston-Horace Mann Schools as may be necessary. It would also make possible the placement of Boston University students for student teaching, clinical practicum and interneships in all phases of the Allston-Horace Mann complex. Since the philosophy of the new complex and especially of the Evaluation Unit differs from current practices, it is imperative that present and future teachers and other school personnel be prepared to function in the new approaches being developed.

Affiliation with the Boston University School of Education would also make research possible. It is essential that research be undertaken to deal with current problems and new approaches. The University has the personnel to initiate and conduct research. It has the administrative machinery for seeking funds to finance research projects and experience in successful proposals for research funds. An educational setting such as the Allston-Horace Mann complex wouls be ideal for the conduct of research, especially in the areas of Special Education and the problems toward which the Evaluation Unit is directed.